

S. No. 2
4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13249
State File No. _____
Registrar's No. 3679

Registration District No. 791 Primary Registration District No. 1003

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution:
844 Canaan Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 4 yr.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Flaherty
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased Feb. 22 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Plumer

11. Industry or business _____
12. Name John Flaherty Jr.
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Catherin McCabe
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Flaherty
(b) Address 844 Canaan Ave.
17. (a) Burial (b) Date thereof April 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Diedrich Funeral Home
(b) Address 8319 Walls Ferry Rd.
19. (a) APR 29 1941 (b) J. P. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
St Louis 28
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 844 Canaan Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1941 hour 10 minute 9 M.
21. I hereby certify that I attended the deceased from April 27 1941 to April 28 1941
that I last saw him alive on April 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac debilitation
Due to Ends by cardiac chr endocarditis chr myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature Wm. G. Knight (M. D. or other) _____
Address 8201 N. Badweg Date signed 4/28/41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur R. Friedrich

Licensed Embalmer No. *3556*

P. O. Address *St. Louis City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.