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FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22709
Registrar's No. 1286

Registration District No. 784 Primary Registration District No. 109

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution: 7226 Lyndover Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Yrs. (Specify whether
In this community 35 Yrs. years, months or days)

3. (a) PRINT FULL NAME Margaret E. Flynn
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Michael J. Flynn 6. (c) Age of husband or wife if alive Unk. Unk. 1876 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 Unk. Unk. hr. min.

9. Birthplace Ky. (City, town, or county) (State or foreign county)

10. Usual occupation At Home

11. Industry or business

MOTHER { 12. Name Michael McHugh
13. Birthplace Ireland (City, town, or county) (State or foreign county)
14. Maiden name Margaret O'Neill
15. Birthplace Ireland (City, town, or county) (State or foreign county)

16. (a) Informant Mr. Mortimer Flynn
(b) Address 7226 Lyndover Place

17. (a) Burial (b) Date thereof 6-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUN 20 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7226 Lyndover Place 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19th.,
year 1941 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from June 1st 1941
to June 19th 1941 1941
that I last saw her alive on June 19th 1941 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block - Chronic myocarditis
Duration 19 days 6 hr.

Due to 93d.

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
23. Signature Warren Stanton (M. D. or other) 0
Address 607 - N. Bond Date signed

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

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Hindell*

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.