

No. 2
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29372

FILLED SEP 8 1941

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 1788

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

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Lerman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mount St. Rose Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/13/41 to 8/29/41
(Specify whether
In this community 2-yrs-4-months
years, months or days)

3. (a) PRINT FULL NAME Timothy F. Ly NN.

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 Dec. 9th., 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Timothy Flynn

13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

14. Maiden name Agness Whilens

15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. J.F.O'Neill, S.J.

(b) Address 3628 Lindell Blvd.

17. (a) Burial (b) Date thereof 9-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 30 1941 (b) E. J. M. Laurin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 North Florissant Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1941 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug. 13, 1941, to Aug. 29, 1941;
that I last saw him alive on Aug. 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary Tbc.

Due to _____
Due to 30y

Other conditions Tbc laryngitis
(Include pregnancy within 3 months of death)
Syphilis undiagnosed etc.

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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?
_____ (Specify type of place) (e) Means of injury _____

23. Signature Andrew C. Henke (M. D. or other) 0

Address 607 No. 8th and Polk Date signed 8/29/41

Immunity @ 1-3
H. Revocate

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 Linden

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

If this body is not embalmed, above space should be left blank.