

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 10 1942 791 STANDARD CERTIFICATE OF DEATH 1003

16136

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4619

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES EDWARD FLANNERY

3. (b) If veteran World War name war  
3. (c) Social Security No. 348-05-1622

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Viola Flannery  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased May 13, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 0 12 hr. min.

9. Birthplace E. St. Louis, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Building Material

MOTHER FATHER { 12. Name Patrick Flannery

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

14. Maiden name Mary Wright

15. Birthplace Chatanooga Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola A. Flannery

(b) Address E. St. Louis, Ill

17. (a) Burial (b) Date thereof May 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cnty. Belleville

18. (a) Signature of funeral director W. J. ...  
(b) Address Belleville Illinois

19. (a) MAY 27 1942 (b) J. F. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
(c) City or town E. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 702 North 75th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1942 hour 9 minute P.M. M.

21. I hereby certify that I attended the deceased from 4/23/42  
\_\_\_\_\_ 19\_\_\_\_, to 5/25/42, 19\_\_\_\_;

that I last saw him alive on May 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Pneumonia with Multiple Lung Abscesses  
Due to Chronic Interstitial Pneumonia

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1/4 ~

Major findings: Of operations 1/4

Of autopsy None

Duration

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) (e) Means of injury \_\_\_\_\_

23. Signature Edward A. Munsch (M. D. or other) \_\_\_\_\_

Address 634 N. Grand Blvd Date signed 5/27/42

**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

*Edgar A. Baldus*

Licensed Embalmer No. *2846*

P. O. Address

*Belleville, Ill.*

JUL 17 1946

**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.**