

FILED JUN 9 1942
Registration District No. _____

Primary Registration District No. 115

Registrar's No. 1709

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1139 North & South Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME BARNEY FLANAGAN.

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 Married.

6. (b) Name of husband or wife Josephine Flanagan. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 18, 1856.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 13 hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business

12. Name James Flanagan.

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

14. Maiden name Dont. know.

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

16. (a) Informant Mrs. Laura Frances Summers.

(b) Address 1139 North & South Road.

17. (a) Removal (b) Date thereof 6-2-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Souix City, Iowa.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.
19. (a) JUN 1 - 1942 (b) C. E. Me. Lawrence
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University.
(If outside city or town limits, write "RURAL")
(d) Street No. 1139 North & South Road.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st.
year 1942. hour 5 minute A.M. M.

21. I hereby certify that I attended the deceased from 1-10-41
to 5-31-42
that I last saw him alive on 5-30- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Degenerative Heart Disease 410

Due to _____
Other conditions Senescence
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93d
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 0

23. Signature Chas. S. Rasmussen (M. D. or other)
Address 408 Summit St Bldg Date signed 6-1-42

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

76
33
5

MOTHER FATHER

707

Dr. Chas. S. Rosen.
Humbolt Bldg.
Hours 11 A.M. to 1 P.M.
Telephone 4980

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 3454

David C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5866 Eastern St.

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.