

FILED AUG 25 1942

Registration District No. **791**

Primary Registration District No. **1002**

Registrar's No. **6804**

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:
City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **8 Months**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County.....
(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **FLYNN, Tom**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**

4. Sex. **Male 0** 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. 26 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 16 hr. min.

9. Birthplace. **St. Louis Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation. **???**

11. Industry or business.....

12. Name. **John Flynn**

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

14. Maiden name. **???????**

15. Birthplace. **Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant. **D. E. Basso**

(b) Address. **5800 Arsenal Street, St. Louis, Mo**

17. (a) **Burial** (b) Date thereof. **Aug. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Mt. Olive**

18. (a) Signature of funeral director. **Wm. B. Moydell**

(b) Address. **1926 Allen Avenue**

19. (a) **AUG 13 1942** (b) **J. J. Bedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12,**
year **1942** hour **3:45** minute **A.M.**

21. I hereby certify that I attended the deceased from **January 1942**, 19... to **August 12, 1942**
that I last saw him alive on **August 12, 1942**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. **Probably myocardial infarction**

Due to. **Regenerative vascular disease with arterial hypertension.**

Other conditions. **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations.....

Of autopsy. **None plus heart enlargement suspect in myocardium**

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)
Means of injury.....

23. Signature. **Loren Blaney M.D.** (M. D. or other)

Address. **2600 Arsenal St** Date signed **8-12-42**

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

MOTHER FATHER

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

Berg C. Duncan

Licensed Embalmer No.

2272

P. O. Address

1926 Allen

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.