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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

ED APR 23 1943 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 3577

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3653 Flad Ave.
(If rural, give location)

(e) Citizen of foreign country?

If yes, name country.

3. (a) PRINT FULL NAME Peter Patrick Flynn

3. (b) If veteran, name war. None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15, year 1943 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1943, to April 15, 1943 that I last saw him alive on April 15, 1943 and that death occurred on the date and hour stated above.

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

7. Birth date of deceased: March 6th 1883
(Month) (Day) (Year)

Immediate cause of death:
Tuberculosis
& meningitis

Due to Tuberculosis meningitis & meningitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>9</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name James Flynn

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

14. Maiden name Anna McDermott

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

Physician: [Signature]

Major findings:
Of operations

Of autopsy Refused

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Kissell

(b) Address 4108 McRee Ave.

17. (a) Burial (b) Date thereof 4-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Missouri

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Kriegshauser Mrtuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 16 1943 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]

Address 1515 Lafayette Avenue Date signed 4/15/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Charles A. McNamee

Licensed Embalmer No. *3024*

P. O. Address.....

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.