S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16088

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4788

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. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 7 16

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

(d) Street No. 3643 Bamberger
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James A. Flynn

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 13, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	9	hr. min.

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

10. Usual occupation Machinist,

11. Industry or business

FATHER
12. Name William A. Flynn,
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anastasia Hines,
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Flynn
(b) Address 3643 Bamberger,

17. (a) Burial (b) Date thereof May 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa

19. (a) MAY 24 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MAY 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from 2-25-43
, 19 , to 5-22 , 1943
that I last saw him alive on 5-22 , 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins Disease	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Biopsy showed Hodgkins dis
Of autopsy Same

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) None

(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)

While at work? (e) Means of injury

23. Signature John J Hammond (M. D. or other) M.D.
Address 63 4 N. Grand Date signed 5/24/43

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunwi

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.