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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22985

State File No. 6179

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

000 17 9

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: 4608 Sacramento Ave. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

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

(d) Street No. 4608 Sacramento Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John P. Flannery

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 28, (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	0	8	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Flannery
13. Birthplace Youngstown (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Anna Flynn
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Nellie Headen
(b) Address 4608 Sacramento Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) JUL 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1943 hour abt. 3 minute P M.

21. I hereby certify that I attended the deceased from 6/15/43, 19, to 7/6/43, 19; that I last saw him alive on 7/4/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions ~~[illegible]~~
(Include pregnancy within 3 months of death)
Chr. Myocarditis

Major findings:
Of operations

Of autopsy

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (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 Paul Demstorff (M. D. ~~or other~~)

Address 3919 W. Pleasant Date signed 7/6/43

(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 Sheldon Collier

Licensed Embalmer No. 3382

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.