

FILED NOV 13 1943

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town NORMANDY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'SULLIVAN NURSING HOME  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 MO. (Specify whether years, months or days)

In this community 4

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 11

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3229 CALVERT  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME MARY ARMSTRONG FLANIGAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ?

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

7. Birth date of deceased FEB 12 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>18</u>	<u>hr. min.</u>

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

10. Usual occupation HOUSE WIFE

11. Industry or business WIFE

12. Name JOHN KILLORAN

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

14. Maiden name MAY WATERS

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

16. (a) Informant John Armstrong

(b) Address 3229 CALVERT AVE

17. (a) BURIAL (b) Date thereof 11-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVERT

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1414 TAYLOR AVE

19. (a) NOV 8 - 1943 (b) E. J. McCarren, M. D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 1943 to Nov 6 1943  
that I last saw h. et alive on Nov - 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction  
Pulmonary Collapse

Due to Gen. Cardiac Disturbance

Due to .....

Other conditions: —  
(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: 9384

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 E. J. McCarren (M. D. or other) MD

Address 7321 Belmont Rd Date signed Nov 6 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 19 1943

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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 Clement McWay  
Licensed Embalmer No. 3732  
P. O. Address St. Louis

**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.**