S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8245

Primary Registration District No. 3069

Registrar's No. 505

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. #32 Webster Acres
(If rural, give location)

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

If yes, name country

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

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 22nd (Day) 1866 (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Kirkwood (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation School teacher

11. Industry or business Years retired

FATHER
12. Name Edmund Flynn
13. Birthplace unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Alice Anglum
15. Birthplace unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mary E. Lodes
(b) Address #32 Webster Acres

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 26 1944 (Date received local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th year 1944 hour 9:55 minute P.M. A.M.

21. I hereby certify that I attended the deceased from Feb-15-44 to Feb-25-1944 that I last saw him alive on Feb 25-1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 days
Due to Hypertension Vascular Disease	4 years
Due to Diabetes Mellitus	3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)

(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)

(e) Means of injury

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

Address [illegible] Date signed 2/26/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. H.A. Goodrich

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. Edwin H. McDermott

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.