DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19690

Registration District No. 318 FILED JUN 30 1944

Primary Registration District No. 1003

Registrar's No. 5261

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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26

(c) City or town St. Louis 100
(If outside city or town limits, write "RURAL")

(d) Street No. 2119 No. 14th St. 17
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) 9

If yes, name country Ireland 0

3. (a) PRINT FULL NAME JAMES FLANNAGAN

3. (b) If veteran, name war unknown

3. (c) Social Security No. 488-12-9821

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 20th (Day) 1893 (Year)

8. AGE: Years 50 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace E. St. Louis (City, town, or county) Ills (State or foreign country) 1

10. Usual occupation Engineer

11. Industry or business Iorn Worker

FATHER
12. Name James Flanagan
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Lizzie O'Neill
15. Birthplace Cincinnatti (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Louis Weber
(b) Address 2125 N. 14th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 10 (Day) 44 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alvin J. Fretz [illegible]
(b) Address 4828 Natl Bridge Blvd.

19. (a) JUN 9 1944 (Date received local registrar) (b) C. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from June 3, 1944, to June 8, 1944
that I last saw him alive on June 7, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death aspiration Pneumonia with nephrosclerosis — Duration 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy aspiration Pneumonia c̄ Neprosclerosis

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)

While at work? (e) Means of injury

23. Signature Peter Thomas M.D. (M. D. or other)

Address City Hosp. Date signed

(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 John Milsna

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.