

FILED SEP 30 1944

State File No. _____
Registrar's No. 8023

Registration District No. 378 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4035a Palm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Catherine 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 Married.

6. (b) Name of husband or wife Edward G Flynn. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. 5, 1892.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 I 12 _____ hr. _____ min.

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

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Joseph Humphrey.

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

14. Maiden name Ann Maxwell.

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

16. (a) Informant Margaret Flynn

(b) Address 4035 Palm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director J. J. Quinn

(b) Address 1389 Union Blv.

19. (a) SEP 19 1944 (Date received local registrar) (b) J. J. Quinn (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 4035a Palm St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day Seventeenth
year 1944 hour 1 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June
Seventeenth 1943 to Sept 16 1944
that I last saw her alive on Sept 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Apoplexy
High Blood Pressure

Due to Nephritis, Chronic

Other conditions Epilepsy
(Include pregnancy within months of death)

Major findings: _____ PHYSICIAN _____
Of operations: _____

Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. J. McDonald (M. D. or other) D.D.
Address 3512 Sullivan Date signed 9-19-44

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

MOTHER FATHER

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 *Howard F Rowland*

Licensed Embalmer No. *3114*

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.