S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42084

Primary Registration District No. 6076

Registrar's No. 2489

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 11/17/44 (Specify whether
In this community 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2318 State St.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FLANNERY, Jerome L.

3. (b) If veteran, name war WW-I

3. (c) Social Security No. Unknown

4. Sex M 0

5. Color or race White

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

6. (b) Name of husband or wife Edna Flannery

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February 2, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	10	3	hr. min.

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

10. Usual occupation Salesman

11. Industry or business -

FATHER
12. Name Patrick Flan nery
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wright
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Vet. Adm. Records
(b) Address Jeff. Brks., Mo.

17. (a) E. St. Louis Ill (b) Date thereof Dec 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt Carmel Cmt

18. (a) Signature of funeral director [signature]
(b) Address Cash, St. Louis, Ill.

19. (a) 12/5/44 (b) E. G. McGovran [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1944 hour 10:12 minute A. M.

21. I hereby certify that I attended the deceased from November 17, 1944, to December 5, 1944
that I last saw im alive on December 5, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE HEPATITIS, TOXIC, ALCOHOLIC	1 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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
(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 [signature] Means of injury 0

23. Signature W. A. GERMAN, M.D. Chief Medical Officer (M. D. or other)
Address VAF -Jeff. Brks., Mo. Date signed 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

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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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St Louis Ill

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.