S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7694

Registration District No. 818 Primary Registration District No. 1000 Registrar's No. 2956

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6023 Maple Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6023 Maple Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas E. Flaherty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Julia Flaherty

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased October 15, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Saint Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

11. Industry or business City of Saint Louis

FATHER
12. Name Richard Flaherty
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Ryan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Adrienne Julia Flaherity
(b) Address 6023 Maple Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director M. J. CROGHAN
(b) Address 7146 Manchester Avenue

19. (a) APR 2 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1. year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from March 20 1945 to April 1 1945 that I last saw h alive on April 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hobbley - Cerebral Vascular Accident — Duration

Due to Arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? no (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 (M. D. or other)
Address Date signed 4-8-45

(Licensed Embalmer's Statement on Reverse Side)

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 Albert S Hoffe

Licensed Embalmer No. 2971

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.