

FILED APR 13 1945

Registration District No. **8-18**

Primary Registration District No. **1003**

Registrar's No. **3002**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 Months  
In this community 60 yrs 1 mo. 20 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. #513 North Twenty-Fourth St.  
(If rural, give location)

(e) Citizen of foreign country? No. 2 NR  
(Specify whether Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Abbott G. Flannery

3. (b) If veteran, name war No. 3. (c) Social Security No. 848-05-1615

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Flannery 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 10th - 1885  
(Month) (Day) (Year)

8. AGE:	Years <u>60</u>	Months <u>I</u>	Days <u>20</u>	If less than one day hr. _____ min. _____
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9. Birthplace East St. Louis, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Road Construction

11. Industry or business Flannery and Sons

12. Name P arick Flannery

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

14. Maiden name Mary Wright

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

16. (a) Informant Bill Flannery

(b) Address 013 N. 2nd St. East St. Louis, Ill.

17. (a) Removal (b) Date thereof 3-30-45  
(City or town) (Month) (Day) (Year)

(c) Place of burial or cremation St. Carmel Centry

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

(b) Address #2218 State St. E. St. Louis, Ill.

19. (a) APR 4 1945 (b) Registrar's signature J. J. Bruckler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 45 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from December 15 1944 to March 30 1945 that I last saw him alive on 3/30 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis of the coron

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Coronary of Liver  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Atherosclerosis of Coron

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) (c) Means of injury

25. Signature D. A. Munsch (M. D. or other) \_\_\_\_\_  
Address 539 N. Grand Date signed 3/31/45

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

3008

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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. Baldus

Licensed Embalmer No. 2470

P. O. Address St. Louis, Mo.

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.