#40501

. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11219

FILED APR 23 1945

Registration District No. 84 8

Primary Registration District No. 1003

Registrar's No. 3052

00
17
9

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED: 006

(a) State Missouri (b) County 17

(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL") 11

(d) Street No. 3967a Cottage Avenue,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas A. Flatley

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 Mary Flatley (Doyle)

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

7. Birth date of deceased March 25th 1865
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	9	hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Motorman

11. Industry or business Public Service Company

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

MOTHER
14. Maiden name Bridget Tieman
15. Birthplace Ireland 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Flatley- Wife

(b) Address 3967a Cottage Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-7-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) APR 5 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1945 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from 3/31/45, 19..., to 4/4/45, 19...; that I last saw him alive on 4/4/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 James J. [illegible] (M. D. or other)

Address 1515 Lafayette Date signed 4/5/45

(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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.