

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7435**Registrar's No. **1385**FILED FEB 20 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 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:  
4309a Blair 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 Lifetime 51 yrs. 5 mos.  
years, months or days 25 days

3. (a) PRINT FULL NAME John P. Flanagan3. (b) If veteran, name war No 3. (c) Social Security No. 489-03-59324. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Laura Flanagan 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased August 12 1894  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
51 5 25 hr. min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Stock Clerk11. Industry or business Sligo Iron Store12. Name Frank Flanagan13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Anna Delaney  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Laura Flanagan (Wife)(b) Address 4309a Blair Ave.17. (a) Burial (b) Date thereof 2/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery18. (a) Signature of funeral director Suedmeyer & Sons(b) Address 3934 N 20 Street19. (a) FEB 11 1946 (Date received this certificate)  
[Signature] (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4309a Blair Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7  
year 1946 hour 7 minute 00 P.M.21. I hereby certify that I attended the deceased from Feb. 5<sup>th</sup> 1946  
to Feb. 7<sup>th</sup> 1946  
that I last saw him alive on Feb 9<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.Immediate cause of death  
From Encephalitis  
Principally  
Also Chron Endocarditis  
Duration Long  
Time  
2 years  
or  
moreOther conditions  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations

Of autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Means of injury \_\_\_\_\_23. Signature [Signature] (M. D. or other)  
Address 4300 N 20<sup>th</sup> St Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 G. G. Smithers  
Licensed Embalmer No. 3916  
P. O. Address 2626<sup>th</sup> Union Bl

**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.**