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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42375
Registrar's No. 10722

Registration District No. _____ Primary Registration District No. 1003

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:
Deaconess Hospital
 (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

3. (a) PRINT FULL NAME Edith M. Flynn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased January 10 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 11 4 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Martimer Flynn

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

14. Maiden name Eliza Devlin

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

16. (a) Informant Mr. Kenneth Willmarth

(b) Address 6724 Clayton Ave

17. (a) Burial (b) Date thereof 12-16-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd St Louis MO

19. DEC 15 1946 (b) J. F. Bredenk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 020

(c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 417

(d) Street No. 6724 Clayton Ave.
 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th
 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from
May 13, 1946 to Dec 14, 1946
 that I last saw her alive on Dec 13, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Peritonitis secondary to carcinoma
 Due to _____

Duration _____

Other conditions Chronic Bronchitis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations peritonitis
Malignancy not proven.
 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:

(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 [Signature] (M. D. or other) _____
 Address 8120 Olive Street St Louis Date signed 12/19/46

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..... *W. H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.