

FILED JUL 21 1947  
#72945  
318

Registration District No. 318 Primary Registration District No. 1002

Registrar's No. 6496

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

(d) Length of stay: In hospital or institution **3 WKS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**

(c) City or town **ST. LOUIS** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1017 HOWARD ST** **9**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES FLANAGAN**

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

\* name war.....

4. Sex **MALE** 5. Color or race **WHITE** 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 **SEPT - 17 - 1933**  
(Month) (Day) (Year)

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

**13 9 20** hr. min

9. Birthplace **NOBLE ARK.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

11. Industry or business.....

12. Name **BURLEY FLANAGAN**

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

14. Maiden name **LEODA VAUGHN**

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

16. (a) Informant **MRS LEODA ARNETT**  
(b) Address **1017 HOWARD ST.**

17. (a) **REMOVAL** (b) Date thereof **7-8-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PIGGOTT ARK.**

18. (a) Signature of funeral director **HOWARD FUNERAL SER.**  
(b) Address **4355 WASHINGTON AV**

19. (a) **JUL 9 1947** (b) **J. F. Brebeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7th**  
year **1947** hour **9:35** minute **P** M.

21. I hereby certify that I attended the deceased from **6/18/47** to **July 7th**, 19 **47**  
that I last saw him **in** alive on **July 7th**, 19 **47**  
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **HODGKINS DISEASE**

Due to **HH**

Due to **HH**

Other conditions **SECONDARY ANEMIA**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations.....

Of autopsy **GENERALIZED LYMPHADENOPATHY**

PHYSICIAN \_\_\_\_\_

Underline the cause of 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) Years of injury..... **0**

23. Signature **Edward M. Parkin** (M.D. or other) **M.D.**  
Address **1515 Lafayette** Date signed **7/8/47**

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

MOTHER FATHER

9679

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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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed, Ronald Yashuke  
Licensed Embalmer No. 3917  
P. O. Address. 4355 Washington

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.