S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36622

FILED OCT 29 1947
Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 2141

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 10-10-47 (Specify whether years, months or days)
In this community 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 900 Pennsylvania Avenue 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME FLYNN, William
3. (b) If veteran, name war World I
3. (c) Social Security No. none
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 July 29, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	12	1 hr. 45 30 min.

9. Birthplace Noble, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Cook
11. Industry or business
FATHER 12. Name Rose Hockman, mother
13. Birthplace Noble, Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name John Flynn, father
15. Birthplace Kingston, N.Y. (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. J.B.
18. (a) Signature of funeral director Barnes Und. Co.
(b) Address East St. Louis, Ill.
19. (a) 10-14-47 (Date received local registrar) (b) Earl G. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1947 hour 1:30 1:45 minute A. M.
21. I hereby certify that I attended the deceased from October 10, 1947 to October 12, 1947; that I last saw him alive on October 12, 1947, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PNEUMONIA, LOBAR, RIGHT	
Due to	
Due to	
Other conditions CIRRHOSIS OF LIVER (Include pregnancy within 3 months of death)	

Major findings: Of operations No operations
Of autopsy Autopsy performed (See Cause of Death)

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) no
(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 Daniel J. Abramson M.D. (M. D. or other)
Address VAH, Jefferson Barracks, Mo. Date signed 10-12-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1964

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 Phillip Ogden

Licensed Embalmer No. 70191

P. O. Address East St. Louis, Ill.

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.