. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39648

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 10155

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

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 Paul Brown Bldg. City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4535 Lindell Blvd. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas J.Flanagan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Anna Flanagan

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

7. Birth date of deceased May 6, 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 6 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Acct.

11. Industry or business Am.Zinc & Smel.Corp.

FATHER
12. Name Patrick Flanagan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Conlon
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mr.Thomas J.Flanagan Jr.

(b) Address 4982 A.Pernod Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 3840 Lindell Blvd.

19. (a) NOV 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th., year 1947 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Means of injury

23. Signature (M. D. or other)

Address Date signed 11/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Coroners Office

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linden

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.