No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3482

State File No. 0

FILED FEB 16 1948

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 368

16

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5252 Janet 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5252 Janet Ave., 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Thomas J. Flynn Sr.,

3. (b) If veteran, name war #1

3. (c) Social Security No. 493-10-7928

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Flynn

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. 31, 1898.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	0	7	..... hr. ..... min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business .....

FATHER
12. Name John J. Flynn 0
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 0
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Flynn
(b) Address 5252 Janet Ave.,

17. (a) Burial (b) Date thereof Feb. 10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) 2-9-48 (b) Cecil A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1948 hour 2.45 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 29, 1948 to Feb. 7, 1948
that I last saw him alive on Feb. 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis c̄ left failure (auricular fibrillation) 1 yr

Due to .....

Due to 9 3d

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

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) None

(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 0

23. Signature Everett J. Savary (M. D. or other)

Address 607 No Grand Blvd Date signed 2/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1948

FEB 20 1948

Dr. E.J.Javaux,
University Club Bldg.,
JE. 9588, 12-3 P.M.

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 John S Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo.

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.