

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40383**

BIRTH NO.		REG. DIST. NO. <b>47</b>	PRIMARY REG. DIST. NO. <b>3008</b>	Registrar's No. <b>407</b>
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St-Louis city</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>	c. LENGTH OF STAY (in this place township) <b>30 yrs 12 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis city</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 2</b>		d. STREET ADDRESS (If rural, give location) <b>Unk</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>		b. (Middle)	c. (Last) <b>Flanagan</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 17 1949</b>		5. SEX <b>Male</b>		
6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1 March 1882</b>		9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Belleville Illinois /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Unk</b>		
13b. MOTHER'S MAIDEN NAME <b>Unk</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unk</b>		16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>State Hospital Records Fulton</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>4222</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>July</b> , 1947, to <b>17 Dec</b> , 1949, that I last saw the deceased alive on <b>17 Dec</b> , 1949, and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>G.S. Waraich</b>		23b. ADDRESS <b>Fulton, Mo</b>		23c. DATE SIGNED <b>17 Dec 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Road Columbia MO</b>
24d. LOCATION (City, towp, or county) (State) <b>Columbia MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.S. Roberts Columbia MO</b>		
DATE REC'D BY LOCAL REG. <b>Dec-19-1949</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		

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

DEC 31 1949

District File Number

District Health Officer No. 9,

RECEIVED DEC 27 1949

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

working under my personal supervision.

Student Embalmer No.

Signed

Signed Student Embalmer

Licensed Embalmer No.

P. O. Address

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.