

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42465

State File No. \_\_\_\_\_

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11001

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 12-6-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmary Hospital		d. STREET ADDRESS (If rural, give location) 15 SOUTH 16th ST.					
3. NAME OF DECEASED (Type or Print) a. (First) BERNARD		b. (Middle)		c. (Last) FLAHERTY			
4. DATE OF DEATH (Month) (Day) (Year) DEC 18 1949		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 4/24/1881		9. AGE (In years last birthday) 08			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIR MAN		10b. KIND OF BUSINESS OR INDUSTRY TYPE WRITERS		11. BIRTHPLACE (State or foreign country) ST PAUL MINN.			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Patrick Falerty		13b. MOTHER'S MAIDEN NAME Mary Quinn			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly		ADDRESS 2331 Mullanphy					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum  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 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) H6			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X			
22. I hereby certify that I attended the deceased from Dec 6, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 8:50 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Clotus J. Krag M.D.		23b. ADDRESS 5600 Arsenal St. St. Louis		23c. DATE SIGNED 19 Dec 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 23-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY			
24d. LOCATION (City, town, or county) (State) ST LOUIS MO.		DATE REC'D BY LOCAL REG. DEC 22 1949		REGISTRAR'S SIGNATURE J. B. Saraton			
5. FUNERAL DIRECTOR'S SIGNATURE Louellen Kelly		ADDRESS 4386 Lindell					

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

PH. 19  
W 6101

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 3791

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.