

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24762

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6095

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4908 Euclid Terrace		d. STREET ADDRESS (If rural, give location) 4908 Euclid Terrace	

3. NAME OF DECEASED (Type or Print) Genevieve M. Flavin			4. DATE OF DEATH (Month) (Day) (Year) July 19 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 8-1889	9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR Months	10. IF UNDER 1 YEAR Days	10. IF UNDER 1 YEAR Hours	10. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME James Flavin	13b. MOTHER'S MAIDEN NAME Katherine McGrath	14. NAME OF HUSBAND OR WIFE none
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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 James Flavin	17. ADDRESS 4908 Euclid Terrace
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Interstitial Nephritis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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? 592X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1245A m., from the causes and on the date stated above.

23a. SIGNATURE Detrick E Taylor 3	(Degree or title)	23b. ADDRESS 1300 Clark St	23c. DATE SIGNED 7/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/17/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. JUL 15 1950	REGISTRAR'S SIGNATURE J. B. Karater	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.	ADDRESS 2849 N. Euclid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

70 L458
EN 1974

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

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working under my personal supervision.

Student Embalmer No.

Signed.

Robert Drinkman
.....
Licensed Embalmer No. *3553*

Signed.....
Student Embalmer

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.