

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12241**
10934

BIRTH NO. <u>23304-50</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____				
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2029		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>				e. STREET ADDRESS (If south, give location) <u>5837 SUNSHINE AV.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u>		b. (Middle) _____		c. (Last) <u>FLINN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 21 50</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>12/21/50</u>		
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		Min. <u>3 30</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PREMATURE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USF</u>	
13a. FATHER'S NAME <u>MATHEW FLINN</u>			13b. MOTHER'S MAIDEN NAME <u>PEGGY CURRAN</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Matthew Flinn, 5837 Sunshine</u>				
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) <u>Prematurity (Factor 20-22 wks)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Quarantable Factor?</u> <u>Mother Rh -</u> <u>Factor Rh +</u> 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.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? <u>776X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>12/21</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on <u>12/21</u> , 19 <u>50</u> , and that death occurred at <u>8:13P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>D. V. Kelly, M.D.</u> (Degree or title)				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>12/22/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 22 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Muller 5165 Helmer Bl.</u>				

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

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 _____

No Embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Allen Blair Jr.*

Licensed Embalmer No. *4053*

P. O. Address *St. James*

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.