

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21215  
5601  
Registrar's No. 5777

FILED JUN 29 1951

BIRTH NO. 39537-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>ST. LOUIS, MISSOURI</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St Louis 2059</u>                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ST. LOUIS MATERNITY HOSPITAL</u>                             |  | d. STREET ADDRESS (If parish, give location)<br><u>5885 Nina Pl.</u>   |  |

|  |                                  |  |  |  |   |
|--|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>INFANT FEMALE FLEHARTY</u><br>b. (Middle)<br>c. (Last) |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6-10-51</u> |  |   |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>NEVER MARRIED</u> | 8. DATE OF BIRTH<br><u>6-10-51</u>                         | 9. AGE (in years last birthday)<br>Months Days Hours Mins.<br><u>5</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>NONE</u> |
| 11. BIRTHPLACE (State or foreign country)<br><u>ST. LOUIS, MISSOURI</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                     |  |  |   |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><u>WILLIAM HARRISON FLEHARTY</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>ADA JO ADAMS</u> | 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u>                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u>           | 17. INFORMANT'S SIGNATURE OR NAME<br><u>WM. H. &amp; ADA JO FLEHARTY</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | 17. ADDRESS<br><u>5885 NINA PLACE</u>                                    |

|  |  |   |  |  |
|--|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombocytopenic purpura</u>   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.            |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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<br><u>751X</u>        |

22. I hereby certify that I attended the deceased from 6-10-51, 19 51, to 19 51, that I last saw the deceased alive on 6-10, 19 51, and that death occurred at 10 A m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| 23a. SIGNATURE<br><u>[Signature]</u>      | 23b. ADDRESS<br><u>Mr. O. 630 S. Kingshighway</u> | 23c. DATE SIGNED<br><u>6-14-51</u>               |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><u>6 JUN 21 1951</u>                 | 24c. NAME OF CEMETERY OR CREMATORY<br><u>318</u> |
| 24d. LOCATION (City, town, or county)     |   | 24e. (State)                                     |

|   |  |         |
|---|--|---------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>J. B. [Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE<br><u>Rowland Service - 4104 Manchester</u> | ADDRESS |
|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....  
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.