

No. 300
10-48

JUL 15 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23103**

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

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1711	
1. PLACE OF DEATH a. COUNTY: St. Louis				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) Normandy		c. LENGTH OF STAY (In this place) 5 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.				d. STREET ADDRESS (If rural, give location) 1650 So. 39th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) E.		c. (Last) FLANNIGAN	
4. DATE OF DEATH (Month) (Day) (Year) June 21 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 14, 1901		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler-Modern Engineering Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pulaski County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl Flannigan		13b. MOTHER'S MAIDEN NAME Nettie Morrow		14. NAME OF HUSBAND OR WIFE Lorene Flannigan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-10-5481		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lorene Flannigan 1650 S. 39th St.			
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) Hepatic Decongestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recent Yellow Cholera of Liver DUE TO (c) Thrombo-embolic Shower				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 6-17-52		19b. MAJOR FINDINGS OF OPERATION Right Renal Hemorrhage 583X				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 6-16 , 1952, to 6-21 , 1952, that I last saw the deceased alive on 6-21 , 1952, and that death occurred at 8:05 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Frank Simon, Jr. D.O.				23b. ADDRESS 1650 A. Natural Bridge, St. Louis, Mo.		23c. DATE SIGNED 6/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 24, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 6-23-52		REGISTRAR'S SIGNATURE Nesbet R. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

SW (Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed

Richard W. Stovesand

Licensed Embalmer No. 4007

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.