No. 300
10-48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40198

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10348

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4501 Maryland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2129
d. STREET ADDRESS (If rural, give location): 12 4501 Maryland Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle):
c. (Last): Flynn

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1952

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S. 1
8. DATE OF BIRTH: June 14, 1866
9. AGE (In years last birthday): 86 — If under 1 year: Months 4, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St.Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John Flynn
13b. MOTHER'S MAIDEN NAME: Roseanna Cashen
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: not known
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Paule B.Flynn, 4501 Maryland Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — ?
DUE TO (c): chronic articular fibrositis — 5 yrs.

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 ☐ NO ☐

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): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7263

22. *I hereby certify that I attended the deceased from* 1-15-, 1947, *to* 11-10, 1952, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: M J Fuchs (Degree or title) M.D.
23b. ADDRESS: 608 Kingsland
23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov.12,1952
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 10 1952
REGISTRAR'S SIGNATURE: Carl Smith MJB
FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly
ADDRESS: 3840 Lindell Blvd.

(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 _____

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.