

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

45295

FILED JAN 19 1954

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

12398

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 OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5388 Wells Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) William	
		c. (Last) Flynn		4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1953	
5. SEX Male <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 18, 1894		9. AGE (In years last birthday) 59		10. F UNDER 1 YEAR Months 2	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY		13. F UNDER 1 YEAR Hours 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Missouri-Pacific Railroad		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
13a. FATHER'S NAME William Flynn		13b. MOTHER'S MAIDEN NAME Julia Carroll		14. NAME OF HUSBAND OR WIFE Helen Flynn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes 1918-1919		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Helen Flynn 5388 Wells	
18. CAUSE OF DEATH 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) Acute heart failure		ANTECEDENT CAUSES			1 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arterio-Sclerosis			
		DUE TO (c) Chronic Myocarditis			
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)	
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? 4221	
22. I hereby certify that I attended the deceased from Jan 14, 1952, to Dec 31, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 4:00 P. M., from the causes and on the date stated above.					
23a. SIGNATURE Walter J. Trullies M.D. (Degree or title)		23b. ADDRESS 3823 N. 20th St.		23c. DATE SIGNED Jan 2 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS 1225 Union	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		JAN 2 1954		25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin L. Kempier*.....

Licensed Embalmer No. *405*.....

P. O. Address *3505 Oak*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*St. Louis 20,*