

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

**10025**

State File No. ....

Registrar's No. **2506**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 Days</b>		e. STREET ADDRESS (If rural, give location) <b>4474a Lexington Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Helen</b>	b. (Middle) <b>Margaret</b>	c. (Last) <b>Flanagan</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Mar. 17, 1954</b>
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<b>5. SEX</b> <b>F.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 8, 1891</b>	<b>9. AGE</b> (In years last birthday) <b>62</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cafeteria Worker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Famous-Barr</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ireland</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>Michael Flanagan</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Kelly</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>---</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Mary Moser</b>	<b>ADDRESS</b> <b>4474 Lexington Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a)		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Pneumo coccus Meningitis</b>		
	DUE TO (c)		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>3401</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:25 P.M.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Patrick C. Taylor Casaner</b> (Degree or title)	<b>23b. ADDRESS</b> <b>1300 Clark</b>	<b>23c. DATE SIGNED</b> <b>9. 18. 54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>3-22-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Galvry Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 18 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Earl Smith</b>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <b>Arthur J. Donnelly</b>	<b>ADDRESS</b> <b>3840 Lindell</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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..... *Francis Williams*

Licensed Embalmer No. *350*

P. O. Address *St Louis*

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.