

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43028

STATE FILE NUMBER 11771

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke's</i>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>1298 5321 Delmar</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARGARET HELEN FLYNN</i>				4. DATE OF DEATH Month Day Year <i>12-23-1956</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>11-10-84</i>		9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>WILLIAM C. FLYNN</i>				14. MOTHER'S MAIDEN NAME <i>MARY CURTIS</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Geo W Flynn 911 9th 11th St</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Ventricular tachycardia</i> <i>12 hrs</i>	
						DUE TO (c) <i>Lower nephron nephrosis (urlemia)</i> <i>12+ days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Carcinoma of splenic flexure (colostomy 12/11/56).</i>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I for Part II item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		<i>153.X</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTRY STATE	
21. I attended the deceased from <i>11/28/56</i> to <i>12/23/56</i> and last saw her alive on <i>12/23/56</i> Death occurred at <i>4:05 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Richard B. Windsor, M.D.</i>				22b. ADDRESS <i>5535 Delmar St. Louis</i>		22c. DATE SIGNED <i>12/23/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12-24-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Peters Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>		
24. FUNERAL DIRECTOR <i>A. Krow</i>		ADDRESS <i>2707 9th Street</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 24 1956</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to homicide if possible.

(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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herbert J. Gan Jr.*.....

Licensed Embalmer No. *48*

P. O. Address *Kikwona*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.