Health, & Welfare Public Service

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FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10252

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2857

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: MISSOURI PACIFIC HOSP. — Length of stay in Hospital or Institution: 28 Days
d. STREET ADDRESS (If outside, give location): 2909 So. Compton — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print): First: CHARLES Middle: LEE Last: FLYNN

4. DATE OF DEATH Month: March Day: 22 Year: 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JULY 29, 1881

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PSNGR. BRAKEMAN

10b. KIND OF BUSINESS OR INDUSTRY: MISSOURI PACIFIC RR.

11. BIRTHPLACE (City and state or country): Old Mines Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Flynn

14. MOTHER'S MAIDEN NAME: Helen Talbot

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 702-16-4908

17. INFORMANT Address: Mrs. C. Flynn 2909 S. Compton St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days.
DUE TO (b) Bronchogenic Carcinoma of rt. lung with metastasis to pleura + abscess formation — 1954
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Duodenal ulcer - healed. Arteriosclerotic Heart Dis.

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from FEB. 22 1957 to MARCH 22, 1957 and last saw her/him alive on MARCH 22, 1957. Death occurred at 9:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Claude E. Hasto MD

22b. ADDRESS: Mo Pac Emp. Hosp.

22c. DATE SIGNED: 3/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Mar. 25, 57

23c. NAME OF CEMETERY OR CREMATORY: St. Josephs Cemetery

23d. LOCATION (City, town, or county) (State): Kimmswick, Mo.

24. FUNERAL DIRECTOR ADDRESS: Heiligtag Funeral Home Imperial, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 25 '57

26. REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Heiligtag

Licensed Embalmer No. 387

P. O. Address Imperia

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