

FILED NOV 6 1957

STANDARD CERTIFICATE OF DEATH

37427

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9755

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Washington Park	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Pac. Hosp.		d. STREET ADDRESS (If outside, give location) 5616 Warren St.	
3. NAME OF DECEASED (Type or print) First Middle Last Gilbert Wilson Flanagan		4. DATE OF DEATH Month Day Year 10 17 1957	
5. SEX m	6. COLOR OR RACE w	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	11. BIRTHPLACE (City and state or country) Ashley, Illinois
13a. FATHER'S NAME Edward Flanagan		13b. MOTHER'S MAIDEN NAME Belle Wilson	14. NAME OF HUSBAND OR WIFE Bernice McKee Flanagan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates at service) no no		16. SOCIAL SECURITY NO. 702-09-0317	17. INFORMANT Address Washington Park Ill. Bernice Flanagan 5616 Warren St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Arteriolar Nephrosclerosis DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease - Hemorrhagic uremic colitis			INTERVAL BETWEEN ONSET AND DEATH
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 or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 COUNTY STATE	
21. I attended the deceased from Aug. 10, 1957 to Oct. 17, 1957 and last saw him alive on Oct. 17, 1957 Death occurred at 145 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Edward E. Harts M.D.		22a. ADDRESS Mo. Pacific Eng. Corp.	
22b. DATE SIGNED 10/18/57		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-10-57	
23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		23d. LOCATION (City, town, or county) (State) St. Elmo, Illinois	
24. FUNERAL DIRECTOR Charles A. ...		25. DATE RECD. BY LOCAL REG. OCT 18 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Charles G. Kurns

Licensed Embalmer No.

P. O. Address

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.