

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038432
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2688

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		c. CITY OR TOWN Overland 426 th	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2415 Hartland		d. STREET ADDRESS (If outside, give location) 2415 Hartland	
3. NAME OF DECEASED (Type or print) First Middle Last James Thomas Flannigan		4. DATE OF DEATH Month Day Year 10 18 1958	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-23-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Millinery	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Mallachy Flannigan		13b. MOTHER'S MAIDEN NAME Anna Johnson	14. NAME OF HUSBAND OR WIFE Alta Flannigan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-01-5265	17. INFORMANT Address Alta Flannigan 2415 Hartland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chv. Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs</u>
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 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 <u>Jan 23, 1958</u> to <u>Oct 18, 1958</u> and last saw ^{her} him alive on <u>Oct 18, 1958</u> Death occurred at <u>1:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Maurice A. Dick M.D.</u> (Degree or title)		22b. ADDRESS <u>8924 St Charles Rd St Louis 14, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23b. DATE 10-21-58		23d. LOCATION (City, town, or County) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Ortmann F. Home		25. DATE RECD. BY LOCAL REG. 10-20-58	
ADDRESS 9222 Lackland Overland 14, Mo.		26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	

S. 300
1-57
BOX
1

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

MEDICAL CERTIFICATION

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 *W. C. Ostmann*

Licensed Embalmer No. *3478*

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.