FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

976
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 832
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Flynn 450
(a) Residence, No. City Infirmary St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown
7. AGE: Years abt 74; Months –; Days –; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: Laborer Quarry
10. Date deceased last worked at this occupation (month and year): About 1920
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 5

FATHER
13. NAME: John Flynn 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 5

MOTHER
15. MAIDEN NAME: Maggie Floss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Herbert P Smith 5400 Arsenal St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 25th, 37
19. FUNERAL DIRECTOR (ADDRESS): Stroot - Carroll 4600 Natural Bridge Ave
20. FILED JAN 24 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-22-1932, 19..., to 1-22-38, 19...
I last saw him alive on 1-22-38, 19... Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-38

Other contributory causes of importance:

Chromic Myocarditis	6-22-32-x
Senility	6-22-32-x

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Herbert P Smith, M. D.
(Address) 5400 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2265

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.)