

APR 12 1939

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

8551
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis Mo.** (d) Street No. **City Hospital** Registered No. **2316**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? (yrs. mos. ds.)

2. PRINT FULL NAME **John J. Flaherty**

(a) Residence, No. **505 Springs Ave.** St. **19**
(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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nora Flaherty**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 8, 1880**

7. AGE YEARS **59** MONTHS **1** DAYS **2** If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Unknown Flaherty**

14. BIRTHPLACE (CITY OR TOWN) **Unk own** (STATE OR COUNTRY) **Ire and**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Ted Flaherty** **096 Minervaa St. Louis Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **March 13, 1939**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.** (ADDRESS) **700 Washington Blvd.**

20. FILED **MAR 11 1939** **J. B. Brudick** Local Registrar

No attending Physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 10 1939**
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **12:00 P.M.**
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset
Arteriosclerosis
Other contributory causes of importance:
Coronary Hypertrophy
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**
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
24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Alfred J. Perry** M. D.
(Address) **Deputy Coroner**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X 18005

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. G. Sullivan
Licensed Embalmer No. 1122
P. O. Address 4900 Washington Blvd

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 this body is not embalmed, above space should be left blank.