EP 7 1939

OCT 16 1939

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

33564
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 2
(b) Township ~~NORMANDY~~ 1
(c) City Wellston
Registration District No. 784
Primary Registration District No. 200
Registered No. 1595
(d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 415 Mary Flavin
(a) Residence, No. St. Vincent Sanitarium St.
(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: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 7 1899
7. AGE: YEARS 40 MONTHS 7 DAYS 30 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY): Lovadle ~~Ill~~ Ill.

FATHER
13. NAME: John Flavin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Margaret Conners
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Rev James Flavin 9th Berry
18. BURIAL, CREMATION, OR REMOVAL
PLACE Monticello Ill DATE Sept 7 39
19. FUNERAL DIRECTOR (ADDRESS): Cullen Kelly 7267 Nat Bridge
20. FILED SEP 7 1939 19 P R Mey MDDOH
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-28-39, 1939, to 9-6, 1939
I last saw her alive on 9-6-39, 19..... Death is said to have occurred on the date stated above, at 5:57 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1936 |
| Cachexia | 1939 |

Other contributory causes of importance:

23

Name of operation None Date of
What test confirmed diagnosis? X Ray 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? No
If so, specify
(Signed) David Basham, M. D.
(Address) St Vincents San St Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Clement Mc. Meary, Licensed Embalmer No. 3721

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Clement McMeary

Licensed Embalmer No. 3721

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**