

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 784

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 2236

1. PLACE OF DEATH: 3  
 (a) County: St. Louis  
 (b) City or town: St. Louis, Mo. Normandy  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 6825 Natural Bridge  
Mother of Good Counsel Home.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One Day  
 (Specify whether years, months or days)  
 In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4843 Hammett Place.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME 456 Mary Flannery.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 18,  
 year 1939 hour 6. minute 30 P. M.  
 21. I hereby certify that I attended the deceased from Dec 13  
1939 to Dec 18 1939  
 that I last saw her alive on Dec 18 1939  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 10, 1862  
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Edema. Duration 1 Day  
 Due to Ch. Myocarditis Chronic  
 Due to Arteriosclerosis Chronic

8. AGE: Years Months Days If less than one day  
77 3 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace La. Louisiana.  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Patrick Flannery. 5  
 { 13. Birthplace Ireland. 1  
 { 14. Maiden name Elizabeth Reynolds.  
 { 15. Birthplace New York.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 93c  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Nellie Beck  
 (b) Address 4843 Hammett Place

17. (a) Burial (b) Date thereof 12-21-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd. St. Louis  
 19. (a) DEC 19 1939 (b) Ed. Mary  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (or) Means of injury \_\_\_\_\_  
 23. Signature Ed. Mary (M. D. or other) 12/19/39  
 Address 4843 Hammett Place Date signed \_\_\_\_\_

Dr. Norman  
4468 Delmar Place  
11-2

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**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

**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.**