

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5402**

FILED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo. **3**  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Frisco tracks & Knoll Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(d) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town No Home  
(If outside city or town limits, write "RURAL") **X**  
(d) Street No. No Home  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank Flynn **450**

3. (b) If veteran, name war 496-07-7321 no. **5** 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Sept. 17 1899  
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation Crane Operator

11. Industry or business Unknown

12. Name Frank Flynn

18. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name None  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Flynn

(b) Address 7324 Manchester Ave. Maplewood Mo.

17. (a) Burial (b) Date thereof Mon June 24  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith Funeral Home

(b) Address Maplewood Mo.

19. (a) JUN 24 1940 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th  
year 1940 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Comminuted Fracture of the Skull and laceration of the Brain; when he was struck by Passenger Train #9  
Due to of the Frisco Railroad Company,  
manned by Hubert G. Fowler, fireman,  
Due to and William J. Donahoe, engineer,  
about 6:30 P.M., June 20, 1940.

Other conditions WHETHER THE RESULT OF A  
(Include pregnancy within 3 months of death)

**ACCIDENT OR AN ATTEMPT AT SUICIDE**

Major findings: COULD NOT BE DETERMINED.

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Physician Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence June 20, 1940

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
84 In Industrial Place

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury 5

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 6/24/40

**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. Burgess*

Licensed Embalmer No. \_\_\_\_\_

*4029*

P. O. Address \_\_\_\_\_

*Maplewood*

**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.**