

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23685

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6130

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4960 Washington Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22,
year 1940 hour 5:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from July
9, 1940 to July 22, 1940;
that I last saw him alive on July 22, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic fulminating tuberculosis
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy as above.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Jay C. Flynn 450

3. (b) If veteran, 494-05-3592 name war Unknown
3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Single
6. (c) Age of husband or wife _____ years

7. Birth date of deceased Aug. 20 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 2 _____ hr. _____ min.

9. Birthplace Urbana Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Koch
(b) Address 4927 Washington Ave.

17. (a) Cremation (b) Date thereof 7-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 22 1940 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature James T. Murphy (M. D. or other) 7/22/40
Address 1517 Lafayette Date signed _____

8728-20-874

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. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.