S. No. 2
—11-10-39
5-17-39
1 X21492

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

FILED SEP 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26909
6805

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis County NR (If outside city or town limits write "RURAL")

(d) Street No. 8156 Audrain Dr. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME THOS. WALTER FLYNN

3. (b) If veteran, name war

3. (c) Social Security No. 702-12-6148

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Shea

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. (Month) 21 (Day) 1892 (Year)

8. AGE: Years 48 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 5 (State or foreign country)

10. Usual occupation Transportation Dept.

11. Industry or business Railroad

FATHER
12. Name John P. Flynn
13. Birthplace Unknown (City, town, or county) Ireland 5 (State or foreign country)

MOTHER
14. Maiden name Margaret Flanagan,
15. Birthplace Unknown (City, town, or county) Ireland 5 (State or foreign country)

16. (a) Informant Thomas W. Flynn, Jr.

(b) Address 8156 Audrain Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) AUG 11 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10 year 1940 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 6, 1940, to Aug 10, 1940, that I last saw him/her alive on Aug 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute gangrenous appendicitis

Due to

Due to

Other conditions Diabetes mellitus and Delirium tremens

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Hamilton (M. D. or other)

Address Missouri-Pacific Hospital Date signed 8-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.