No. 2
~~1-10-39~~
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29709

SEP 24 1940

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1711

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7417 Liberty Ave. 2
(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:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits write "RURAL")

(d) Street No. 7417 Liberty Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur H. Flynn, 450

3. (b) If veteran, name war World War

3. (c) Social Security No. 497-01-9973

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jo Ballard Flynn

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February (Month) 10, (Day) 1893 (Year)

8. AGE: Years 47 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Structual Iron Worker

11. Industry or business _____

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

MOTHER
14. Maiden name Mary Sweeney
15. Birthplace Dixon (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Mrs. Jo. Flynn
(b) Address 7417 Liberty Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 40 (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) SEP - 9 1940 (Date received local registrar) (b) T. R. Meyer M. D. Dr. H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 year 1940 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 day
Due to	
Due to 94b	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) _____
(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? no (e) Means of injury _____

23. Signature John O'Connell (M. D. or other) 5
Address Coroner of St. Louis Co. Date signed 9/9/40

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1945

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.