

NOV 16 1940 791
Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8389**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Deaconess Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days.
In this community 64 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Flynn.

8. (b) If veteran, name war _____ 8. (c) Social Security No. 488-09-0776

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

6. (b) Name of husband or wife Thomas Flynn. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 2, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Sales Lady.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Fahey.
13. Birthplace Ireland.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Ward.
15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Flynn.
(b) Address 470 Scenic Drive.

17. (a) Burial (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) OCT 9 1940 (b) J. J. [Signature]
(If received by direct burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4567 Washington Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th.
year 1940 hour 4. minute 05 P.M.

21. I hereby certify that I attended the deceased from September 7 1940, to October 7, 1940; that I last saw her alive on October 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death aplastic Anemia Duration 6 Mo.

Due to Luetic myocarditis, Chronic Nephritis

Due to Enlarged spleen with passive congestion

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

Major findings: Of operations _____

Of autopsy Enlarged heart, luetic aortitis, enlarged liver & spleen

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? _____

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

23. Signature Robert O. Curran (M. D. or other) _____
Address 745 Missouri Bldg. Date signed 10/8/40

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

In Paul Sweeney
John McCreary Body
JG 5171
11-1

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 Hindell

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.