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(23159)

REG MAR 11 1941
Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **406**

1. PLACE OF DEATH: **St. Louis**
 (a) County **St. Louis**
 (b) City or town **Glencoe**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Lasalle Institute** **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4-Years** (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME **Brother Gideon (Patrick Flynn)**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 16, 1852**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 11 5 hr. min.

9. Birthplace **Cinn., / Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business **Christan Brothers College**

MOTHER FATHER { 12. Name **Patrick Gideon**
 13. Birthplace **Ireland** (State or foreign country)
 14. Maiden name **Mary Irwin**
 15. Birthplace **Ireland** (State or foreign country)

16. (a) Informant **Brother Joel**
 (b) Address **Glencoe, Mo.**

17. (a) **Burial** (b) Date thereof **2-24-1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glencoe, Mo.**
 18. (a) Signature of funeral director **Arthur Donnelly**
 (b) Address **3840 Lindell Blvd.**

19. (a) **FEB 21 1941** (b) **A.R. McPherson**
 (Date Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **St. Louis Co**
 (a) State **Missouri** (b) County **St. Louis Co**
 (c) City or town **Glencoe** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0** (If rural, give location)
 (e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **21** 19**41**
 year **1941** hour **3.30** minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 19**38** to 19**41**
 that I last saw h. **IM** alive on **19th of Feb** and that death occurred on the date and hour stated above.

Immediate cause of death: **slow death - 3 years -**

Due to **cerebral hemorrhage**

Due to _____

Other conditions **none 8 3 21**
 (Include pregnancy within 3 months of death)

Major findings: **none**
 Of operations _____
 Of autopsy **none**

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 **2**
 (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 **J. O'Donnell** (M. D. or other) **M**
 Address **Valley Park Mo.** Date signed **2/21/1941**

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

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 Leedle

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.