

APR 9 1944
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 573

12101/0

1. PLACE OF DEATH: St. Vincent's Sanitarium,
(a) County St. Louis
(b) City or town St. Louis, Wellston
(c) Name of hospital or institution:
St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 years
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Miss Winifred Flynn
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased July 26 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 15 If less than one day
hr. _____ min. _____

9. Birthplace Clay Co - Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name James Murray Flynn

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

14. Maiden name Annal Owens
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Estel Anne Supt

(b) Address St. Vincent's Sanitarium

17. (a) BURIAL (b) Date thereof 3-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Hullen & Kelly

(b) Address 7267 Natl. Bridge

19. (a) APR 13 1944 (b) JR Meyer
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 3 minute 05 AM.

21. I hereby certify that I attended the deceased from
10-15, 1941, to 3-13, 1941;
that I last saw her alive on March 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to MO

Due to Dementia praecox - paranoial

Other conditions Hypertensive Arteriosclerotic 15 yrs
(Include pregnancy within 3 months of death)
Vascular disease.

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?

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

23. Signature W. B. Syllan (M. D. or other) MO
Address St. Vincent's Sanitarium Done signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE I LEARN TO USE UNFADING INK—MAKE A PERMANENT RECORD

1944

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.