

State File No. ....

Registrar's No. ....

FILED FEB 24 1942  
Registration District No. 791

Primary Registration District No. 1005

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
In this community 26 yrs. 2 mos. 4 days  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Helen Flavin

3. (b) If veteran, name war no. 0 3. (c) Social Security No. ....

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife..... Joseph Flavin 6. (c) Age of husband or wife if alive..... 43 years  
7. Birth date of deceased..... Nov. 11, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 2 4 hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER

12. Name John O'Connell  
13. Birthplace unknown Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine McKeveley  
15. Birthplace unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Flavin  
(b) Address 2324 St. Louis Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-30-1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart  
(b) Address 2228 St. Louis Ave

19. (a) Jan 29 1942 (b) J. F. Breck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 2324 St. Louis Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1942 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Dec 11  
1941 to Jan 27 1942  
that I last saw her alive on Jan 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Essential Hypertension Duration 2 yrs.  
Chronic Myocarditis 1 yr.

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... Chronic Myocarditis  
Hypertensive type

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 Novis Kappel (M. D. or other).....  
Address 609 Humboldt Bldg. Date signed 1-28-42

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**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 Charles Goodhart  
Licensed Embalmer No. 2777  
P. O. Address.....

**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.**