No. 2
—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED SEP 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28713

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7732

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:
5032 Kensington Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 064

(a) State Missouri (b) County 12

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 5032 Kensington Ave.
(If rural, give location)

(e) Citizen of foreign country No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Flannery

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dont Know (Month) (Day) (Year)

8. AGE: Years Abt. 80 | Months | Days | If less than one day hr. min.

9. Birthplace Beardstown (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name Peter Flannery
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Thomas Scully
(b) Address 4501 a Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18'42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Linan
(b) Address 1519 S. Grand Blvd.

19. (a) SEP 17 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1942 hour 3:15 PM minute M.

21. I hereby certify that I attended the deceased from 2/15/42 to 9/15, 1942 to , 19 ;
that I last saw her alive on 9/15/42, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr.

Due to 93

Due to Senility

Other conditions Chr. Rheumatic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

(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? (e) Means of injury

23. Signature Max J Bierman (M. D. [redacted])
Address 4501a Easton Date signed 9-16-42

(Licensed Embalmer's Statement on Reverse Side)

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 John Kettler

Licensed Embalmer No. 3880

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.