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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1943

Registration District No. 77

Primary Registration District No. 200

Registrar's No. 368

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME RICHARD FLYNN

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 7 9

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

7. Birth date of deceased Jan 2 1864
(Month) (Day) (Year)

8. AGE: Years 79 ~~78~~ Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Records

(b) Address Ballwin Mo.

17. (a) Burial (b) Date thereof 2-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

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

(b) Address 1416 N. Taylor

19. (a) FEB 15 1943 (b) R. W. Jaussen, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 th
year 1943 hour 8 minute 47 A. M.

21. I hereby certify that I attended the deceased from January 15th 1943 to February 10th 1943
that I last saw him alive on February 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93rd

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature R. W. Jaussen (M. D. or _____)

Address Manchester Mo Date signed 2/14/43

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.....

Licensed Embalmer No.....

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.