S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39796

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11187

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3968 Ashland Avenue, 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis, 010
(If outside city or town limits, write "RURAL")
(d) Street No. 3968 Ashland Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary A. Flaherty
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white 1
6. (a) Single, widowed, married, divorced 2 widow
6. (b) Name of husband or wife John Flaherty
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 27th 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Edward J. Brennan
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Malone
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lucille McCarthy
(b) Address 3505 Clay Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery
18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Ave.,
19. (a) DEC 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1943 hour 4:20 minute A. M.
21. I hereby certify that I attended the deceased from 12/3, 1943, to 12/14, 1943 that I last saw her alive on 12/14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death 1. Myocardial failure 2. Senility.
Due to
Due to
Other conditions La Grippe
(Include pregnancy within 3 months of death)
Major findings:
Of operations X
Of autopsy X

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (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 Wm. O. Mowry (M. D. ~~or other~~)
Address 3637 Fair Ave Date signed 12/15/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm Mowrey

3633 Fair Ave.

Ne. 5353

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 Albert L. Mayfield,

Licensed Embalmer No. # 3077

P. O. Address St. Louis, Missouri,

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.