

Registration District No. 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME LORETTA FLANIGAN

3. (b) If veteran, name war none 3. (c) Social Security No.

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 September 29 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation clerk

11. Industry or business Shell Oil Company

12. Name Thomas Flanigan

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

14. Maiden name Mary Walsh
(City, town, or county) (State or foreign country)

15. Birthplace Boston Mass. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur English

(b) Address 8202 Michigan Avenue

17. (a) burial (b) Date thereof 10-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd

19. (a) OCT 21 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
city of St. Louis 17
(c) City or town 91
(If outside city or town limits, write "RURAL")
(d) Street No. 8202 Michigan Avenue 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1944 9 hour 9:20 minute a.m.

21. I hereby certify that I attended the deceased from Feb 17, 1944 to Oct 19, 1944
and that death occurred on the date and hour stated above.

that I last saw her alive on Oct 19, 1944
Immediate cause of death Carcinoma left breast - Primary
Due to Carcinomatous 6mo
Duration 3 year

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations
Of autopsy None

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 J. A. O'Sullivan M.D.
Address 421 N. Schumacher Date signed 10-20-44

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

MOTHER FATHER

40
P20150

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis, Mo.

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.