

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21724

State File No. \_\_\_\_\_

**FILED** JUN 20 1946  
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5228

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4239 Pleasant St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Daniel J. Flaherty

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1946 hour 3:45 P.M. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sadie Flaherty nee Kerwin

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 10, 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1946 to June 9 1946

that I last saw him alive on June 9 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73 0 0 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Prostate

Due to \_\_\_\_\_

Due to 51

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Machinist

Major findings: Of operations Carcinoma of prostate

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John Flaherty

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

14. Maiden name Unknown

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

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? \_\_\_\_\_

16. (a) Informant Mrs Sarah Flaherty

(b) Address 4239 Pleasant St.

17. (a) Burial (b) Date thereof 6/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature Henry C. Nasset (M. D. or other) \_\_\_\_\_  
(Specify type of place) (Means of injury)

Address 607 N. Grand St. Date signed 6-10-46

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 12 1946 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

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

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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..... *Raymond F. Hornmann*  
Licensed Embalmer No..... *4266*  
P. O. Address..... *St Louis 17 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.**