

S. No. 2  
DM-5-43  
7-5-17-39  
I X36571

34051

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 14 1946  
383

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 163

Registration District No. \_\_\_\_\_ Primary Registration District No. 5655

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 190 days  
(Specify whether  
In this community 190 days  
years, months or days)

3. (a) PRINT FULL NAME August G. Flynn  
3. (b) If veteran, name war No  
3. (c) Social Security Unknown

4. Sex male 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 Sept. 4 1912  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>1</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Clerical

11. Industry or business Hardware company

MOTHER FATHER

12. Name August Flynn  
13. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name Nanny Peterson  
15. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Oct - 31 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. D. Dasset  
(b) Address 11-3-46

19. (a) 11-3-46 (b) Dr. Philbrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis County  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3511 Central Place  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st  
year 1946 hour 7:20 minute A M.

21. I hereby certify that I attended the deceased from Apr. 25, 1946, to Oct. 21, 1946.  
That I last saw him alive on Oct. 31st, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tuberculosis  
Due to \_\_\_\_\_  
Abt. 3 1/2 yrs

Other conditions 13 B  
(Include pregnancy within 3 months of death)

Major findings: 13 B  
1. Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_  
23. Signature Y. F. Key or other MA  
Address Mount Vernon, Missouri Date signed 10-31-46

159

RECEIVED

District Health Officer No. 6;

District File Number 1146 - 1136

Date Filed NOV 13 1946

FEB 17 1947

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.....

*By Me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Max L. Fossett*.....

Licensed Embalmer No. *4252*

P. O. Address *Mt Vernon, 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.