S. No. 2
M—4/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29954

FILED SEP 2 1947

Registration District No. 37 Primary Registration District No. 6076 Registrar's No. 1793

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 6-11-47 (Specify whether years, months or days)
In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: St. Clair 999
(c) City or town: East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No.: Columbia and Washington Place (Knights of Columbus) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: O'FLAHERTY, John F.
3. (b) If veteran, name war: Spanish-American
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Keane
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 27, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	23	hr. min.

9. Birthplace: Ireland (City, town, or county) (State or foreign country)
10. Usual occupation: Master Plumber
11. Industry or business:
FATHER
12. Name: Daniel O'Flaherty
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Annie (Unknown)
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital,
(b) Address: Jefferson Barracks, Missouri
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: EAST ST. LOUIS ILL
18. (a) Signature of funeral director: Burke Funeral Home
(b) Address: East St. Louis, Ill.
19. (a) 8-21-47 (Date received local registrar) (b) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 19 year: 1947 hour: 1:15 minute: AM

21. I hereby certify that I attended the deceased from June 11, 1947, 19..., to August 19, 1947, 19...; that I last saw him alive on August 19, 1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: HYPERTENSIVE HEART DISEASE WITH CORONARY ARTERIOSCLEROSIS

Due to:

Due to:

Other conditions: HEMAPLECIA, RIGHT
(Include pregnancy within 3 months of death)

Major findings: Of operations: No Operation
Of autopsy: No Autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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? (e) Means of injury:
23. Signature: L. E. Stewart (M. D. or other)
Address: Vet. Adm. Hosp., Jeff. Brks., Mo. Date signed: 8-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 2 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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address Ste Louis Mo