

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35134**  
Registrar's No. **8910**

FILED OCT 28 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8910</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3911 West Pine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3911 West Pine</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		c. (Last) <b>Flynn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 15 1949</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept 9, 1882</b>	
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenographer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Patrick Mulderig</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Gallagher</b>		14. NAME OF HUSBAND OR WIFE <b>William Flynn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Tim Mulderig</b> ADDRESS <b>3338 Minnesota</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral anoxia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> ANTECEDENT CAUSES DUE TO (b) <b>arterio stenosis</b> DUE TO (c) <b>Rheumatic heart disease</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H16X</b>					
22. I hereby certify that I attended the deceased from <b>Oct 13, 1949</b> to <b>Oct 15, 1949</b> , that I last saw the deceased alive on <b>Oct 15, 1949</b> , and that death occurred at <b>3:55 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank R. Bradley M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>Oct 15-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/18/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REGISTRY <b>OCT 17 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Fowler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6392 So. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*David Van Fossan*

Licensed Embalmer No. 4242

P. O. Address. 6522 So Grand

**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.