

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24565**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6045**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 3127 Locust	

3. NAME OF DECEASED (Type or Print) James		c. (Last) Flaherty		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 6, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Barge Line		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
13a. FATHER'S NAME Unknown O'Flaherty		13b. MOTHER'S MAIDEN NAME Margaret Sherlock		14. NAME OF HUSBAND OR WIFE Catherine	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shirley Hubbard, 11716 E. 43rd St. Ter. Kansas City, Mo.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intertrochanteric fracture of femur		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) O.K. Taylor			
DUE TO (c) Hydrops of gall bladder					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 7-19-51		19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture of left femur, Diaphragmatic Hernia, Hydrops of gallbladder with possible perforation and abscess formation and obstruction of second portion of duodenum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Missouri	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 18, 1951, AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on Street while waiting for bus.	
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22. I hereby certify that I attended the deceased from **May 26**, 19**1951** **July 5**, 19**51**, that I last saw the deceased alive on **July 4**, 19**51**, and that death occurred at **7:55** m., from the causes and on the date stated above.

23a. SIGNATURE C. Rollins Houlton M.D.		23b. ADDRESS 1325 South Grand Blvd.		23c. DATE SIGNED 7-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-51		24c. NAME OF CEMETERY OR CREMATORY Calvary	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REG. JUL 6 1951		REGISTRAR'S SIGNATURE J.B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

John J. Haines
Licensed Embalmer No. *408*

P. O. Address _____

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.