

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Reg. 99051  
FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFF. BRKS. MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>4060 CLEVELAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HCSP.</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>1/1/52</u>	
3. NAME OF DECEASED (Type or Print) <u>RAYMOND</u>	a. (First)	b. (Middle) <u>J.</u>	c. (Last) <u>FLANAGAN</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/10/92</u>
9. AGE (In years last birthday) <u>59 yrs.</u>	f. UNDER 1 YEAR Months _____ Days _____	g. UNDER 12 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Chamois, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Flanagan</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Moran</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Flanagan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World I.</u>	
16. SOCIAL SECURITY NO. <u>487034872</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>V. A. HOSPITAL RECORDS</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETES MELLITUS</u>  ANTECEDENT CAUSES DUE TO (b) <u>CHRONIC PANCREATITIS</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 12/31, 1951, to 1/1, 1952, and that I last saw the deceased ~~on the~~ 2:40 p.m., and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.C.O'BRIEN</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>V. A. HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>1-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn, Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Linn, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-2-52</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donnelly</u>	SIGNATURE OF DECEASED'S SIGNATURE <u>Hubert R. Donnelly</u>	ADDRESS <u>FUNERAL HOME, ST. LOUIS, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1952

**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.....

*W. H. Van Meter*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.