

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32936

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8632**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2187</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>4064 Blaine Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4064 Blaine Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>4064 Blaine Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) c. (Last) <b>Flynn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14, 1952</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>W.</b>	8. DATE OF BIRTH <b>March 28, 1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>Michael Tracy</b>			13b. MOTHER'S MAIDEN NAME <b>Julia Griffin</b>		14. NAME OF HUSBAND OR WIFE <b>Edward 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. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Edward Byrnes, 4237 Holly Ave.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senilis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic hypertension 10 yrs</b> DUE TO (c) <b>Chronic atherosclerosis</b>		
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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X 4222</b>

22. I hereby certify that I attended the deceased from **June 15, 1948**, to **Sept. 13, 1952**, that I last saw the deceased alive on **Sept. 13, 1952**, and that death occurred at **5:20** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. ...</b>	(Degree or title)	23b. ADDRESS <b>23704 Swope Ave.</b>	23c. DATE SIGNED <b>9-15-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 17, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>SEP 15 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. Donnelly</b>	ADDRESS <b>810 Lindell Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*W. H. Lanman*

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

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.