

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44254

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2930

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CRACKSTONE HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>2209</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>2336 University</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Thomas J. Flanagan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1954</u>		
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 8th 1888</u>		9. AGE (In years last birthday) Months Days <u>66 4 9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clergy</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Missouri, USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas Flanagan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walsh</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Arthur English 4921</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reported Involuntal Ula</u>		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Mutational carcinoma of liver</u>		Conditions contributing to the death but not related to the disease or condition causing death.			<u>4 1/2 yrs</u>
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) <u>5411</u>	
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? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles R Doyle MD</u> (Degree or title)		23b. ADDRESS <u>Beaumont Bldg. St. Louis, Mo</u>		23c. DATE SIGNED <u>12-20-54</u>	
24a. REMOVAL _____		24b. DATE <u>12/21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>					

DATE REC'D BY LOCAL REG. <u>12-20-54</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donohue M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Robert D. Gurnealy 2228 St Louis Ave</u>	
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520 (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 Bill E. Branson

Licensed Embalmer No. 4764

P. O. Address H. L. Lauer 1710

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.