

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1955

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State File No. 13313
Registrar's No. 3424

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 13313		Registrar's No. 3424			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No. b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 2-hrs.			c. CITY OR TOWN Normandy 418		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				STREET ADDRESS (If rural, give location) 2800 Normandy Drive							
3. NAME OF DECEASED (Type or Print) a. (First) Sister b. (Middle) Mary c. (Last) Flavian			4. DATE OF DEATH (Month) (Day) (Year) April 16, 1955								
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH June 6, 1891		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ireland 4			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Unk. Deveraux			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE					
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Tarcisia, 2800 Normandy Drive						
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) Cerebral Hemorrhage 4-16-55 INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac-Vascular DUE TO (c) Disease of hypertension present 2-15-55 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 checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 331X						
22. I hereby certify that I attended the deceased from 2-15-55, 19__, to 4-16-55, 19__, that I last saw the deceased alive on 4/16/55, 19__, and that death occurred at 8:10P m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) John H. Flynn M.D.					23b. ADDRESS 1715 So 39th St. St. Louis 10, Mo			23c. DATE SIGNED 4/17/55			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE April 18, 1955		24c. NAME OF CEMETERY OR CREMATORY Incarnate Word Cemetery			24d. LOCATION (City, town, or county) (State) Normandy, Missouri				
DATE REC'D BY LOCAL REG. APR 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE J. Donnelly			ADDRESS 3840 Lindell Blvd.			

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

(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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm S. Dallen.....

Licensed Embalmer No. 469

P. O. Address 3840 Len

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.