

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29497

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
1008
Primary Registration District No.
5451 Ruskin Ave.,

File No.
Registered No. 8521
St. Ward)

2. FULL NAME Thomas J. O'Leary

(a) Residence, No. 5451 Ruskin Ave. St. 7 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Delia F. O'Leary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1892</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Policeman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>9th. District</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Benjamin O'Leary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Fleming

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Delia O'Leary
(ADDRESS) 5451 Ruskin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Aug 7, 1931

19. UNDERTAKER Chas. L. Geraghty & Son
(ADDRESS) 4259 Market St.

20. FILED Aug 6, 1931 W. H. O'Leary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1931 to Aug 4, 1931
I last saw him alive on Aug 4, 1931 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Duodenal Ulcer Do not know
92A (several years)
117B
Other contributory causes of importance:
vascular heart disease Do not know
(several years)

Name of operation

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify DR. MENOWN (Signed) J. R. Menown, M. D.
(Address) 533D Geraldine

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Memorial
5330 Geraldine Dr.