

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

Do not use this space.

18198

1. PLACE OF DEATH

County Registration District No. 791
Township St. Louis Mo. Primary Registration District No. 100B
City St. Louis Mo. (No. Sanitarium) St. Ward)

File No.
Registered No. 5176

2. FULL NAME

(a) Residence, No. 15712 Southwest Ave. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>1</u>	<u>12</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 181

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Department

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation 2 years

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

FATHER

13. NAME Jack O'Hearn

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT W. F. McNamee M.D.
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE May 31, 1932

19. UNDERTAKER Telemeut and Co
(ADDRESS) 3125 Lafayette Ave

20. FILED May 6 Stark off
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th, 1932

I HEREBY CERTIFY That I attended deceased from July 1st, 1930, to May 27th, 1932
I first saw him alive on May 27th, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 7-22-29

Other contributory causes of importance:

Senility

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)

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

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) William F. McNamee, M. D.
(Address) 5400 Arsenal St.

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.

