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.

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

Do not use this space.

37239

File No. 9865

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Serg't Daniel J O'Meara

(a) Residence, No. 941 Catalpa St St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delia O'Meara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1873.

7. AGE: YEARS abt. 59 | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant 46B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18411 8 46B Stomach

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

11. Total time (years) spent in this occupation 7 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

FATHER

13. NAME: Daniel O'Meara

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Delia O'Meara, 941 Catalpa St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct 10th, 1932

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co 2039 Ward St

20. FILED NOV 8 1932, 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-5-, 1932, to 11-7-, 1932

I last saw him alive on 11-6-, 1932 Death is said to have occurred on the date stated above, at 8 a m.

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

	Date of onset
Carcinoma	about
46B of Stomach	1931

Other contributory causes of importance:

Secondary Anemia (Hemorrhages of Stomach) 1

Name of operation Exploratory Date of 11-5-32

What test confirmed diagnosis? operation Was there an autopsy? no

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? no

If so, specify

(Signed) J W Thompson, M. D.

(Address) 3701 Westminster

Dr [illegible]
3701 Westminster Av