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.

DEC 12 1935

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

Do not use this space.
37619
9590
File No.
Registered No. 0696

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3850 Texas Ave. St. ..... Ward)

2. FULL NAME Mary E. O'Hara

(a) Residence, No. 3850 Texas Ave. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John O'Hara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1853.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	82	7	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years.

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.

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Joseph O'Hara
(ADDRESS) 3850 Texas Ave.

18. BURIAL, CREMATION, OR REMOVAL
SS. PLACE Peter & Paul Cem. DATE Nov. 18, 1935

19. UNDERTAKER J. H. Gebken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED NOV 16 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Nov 14, 1935
I last saw h... alive on Nov 14, 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	Feb 1 35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) N. M. Freund, M. D.
(Address) 3115 S Grand av.