

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

96 County Saint Louis Registration District No. 1123 File No. 17608
Township Can Primary Registration District No. 6248B Registered No. 153
City Jefferson Barracks St. Louis Hospital St. _____ (Ward)

2. FULL NAME Daniel F. O'MARA

(a) Residence, No. 4400 Delmar Blvd. St. _____ Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Advertising
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) Saint Louis, Missouri.

MOTHER 13. NAME Ryan O'Mara

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

15. MAIDEN NAME Ellen Downey

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

17. INFORMANT (ADDRESS) Clinical Clerk M. Schellig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REINTERMENT PLACE Calvary DATE April 9, 1937

19. UNDERTAKER (ADDRESS) Stroot, Carroll 4600 Natural Bridge

20. FILED April 7, 1937 G. Mowrey Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to April 6, 1937

I last saw him alive on April 6, 1937 Death is said

to have occurred on the date stated above, at 11:05AM

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

TUBERCULOSIS, Pulmonary, chronic, active, far advanced (C) Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of operation _____
What test confirmed diagnosis? clinical manifestations and lab. 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? If so, specify. Yes

(Signed) C.W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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