

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

32633

Do not use this space.

1. PLACE OF DEATH—

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. City Hospital No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leo O'Hearn
(a) Residence, No. 4952 Reber St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) Sept. 17, 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
37 11 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stove Moulder
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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 Jeremiah O'Hearn

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

15. MAIDEN NAME Lena Breiner

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

17. INFORMANT (ADDRESS) Jerry O'Hearn 6214 Bradley

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE 9/18/37

19. FUNERAL DIRECTOR Oscar J. Hoffmeister (ADDRESS) 4016 Chippewa Str.

20. FILED SEP 16 1937 J. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14/37 19

22. I HEREBY CERTIFY, That I attended deceased from 9/10/37 to 9/14/37, 19...
I last saw him alive on 9/14/37, 19... Death is said to have occurred on the date stated above, at 1.40 p.m.
The principal cause of death and related causes of importance were as follows:

131 Anemia Nephrosis - chronic (Etiology undetermined)
Date of onset
Other contributory causes of importance: Chronic heart disease?

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) Charles H. Jessica, M. D.
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leibinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Edwin H. Leibinger

No. 3888 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Edwin H. Leibinger

Licensed Embalmer No. 3888

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)