

REC'D MAR 14 1938

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

5089

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. *3821^a Wabada* Registered No. 1734
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *3821^a Wabada* St. *6* (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bridget O'Leary*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 22 - 1876*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
*61 5 24*8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *File Clerk*
9. Industry or business in which work was done, as saw mill, bank, etc. *State*
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 *David O'Leary*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*MOTHER 15. MAIDEN NAME *Anna Nolan*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT (ADDRESS) *Bridget O'Leary 3821^a Wabada*18. BURIAL, CREMATION OR REMOVAL PLACE *O'Leary Feb 19 1938*19. FUNERAL DIRECTOR (ADDRESS) *Wm. J. Stuart 1725 Wabada*20. FILED *Feb 18 1938* *J. J. Bredeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 16, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 9, 1938* to *Feb. 16, 1938*I last saw him alive on *Feb. 14, 1938* Death is said to have occurred on the date stated above, at *6:20 P.M.*
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis. To my knowledge Date of onset *Feb. 9, 1938*

Other contributory causes of importance:
Chronic interstitial nephritis. To my knowledge Date of onset *Feb. 9, 1938*

Name of operation..... *Urinalysis* Date of.....
What test confirmed diagnosis?..... 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? *No*
If so, specify.....
(Signed) *J. J. Bredeck*, M. D.
(Address) *320 Metropolitan Bldg.*

STATEMENT BY LICENSED EMBALMER

I, Bernard R. J. Stuart, Licensed Embalmer No. 3500

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

..... L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Bernard R. J. Stuart
Licensed Embalmer No. 3500

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.)