

NOV 19 1938

REC'D DEC 8 1938

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

40344
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis 3 Registration District No. 284
 (b) Township Normandy 1 Primary Registration District No. 200
 (c) City Normandy, Mo. (d) Street No. 7626 Natural Bridge Road Registered No. 1892
 (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. Immediate death (How long in U.S. since birth? yrs. mos. ds. None)

2. PRINT FULL NAME 600 Margaret O'Hayer
 (a) Residence, No. 7626 Natural Bridge Road St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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) Nov. 29, 1857.
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 80 II 11 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Canada 2
 FATHER
 13. NAME Edward O'Hayer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 3
 MOTHER
 15. MAIDEN NAME Nora Conway
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT Sister Concins
 (ADDRESS) 7626 Natural Bridge Road
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem., DATE Nov. 19/38.
 19. FUNERAL DIRECTOR Jos. W. Clark
 (ADDRESS) 1125vHodiamont Ave.,
 20. FILED NOV 19 1938 J.R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1938 to Nov. 17, 1938
 I last saw her alive on Nov. 17, 1938 Death is said to have occurred on the date stated above, at 1.30 P.M.
 The principal cause of death and related causes of importance were as follows:
Atrophic Arthritis-Chr.
Generalized arterioclerosis.
Chr. Myocarditis.
Chr. Interstitial Nephritis.
Herpes-Zoster costal region.
Poly-Neuritis.
 Other contributory causes of importance: Inanition. Oct 1938
Myocardial decompensation.
Uremia.
Uremic Coma.
Extreme senile died in the Home of Immaculate Heart for the aged infirm.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? NO
History and Lab.
 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. R. Meyer M. D.
 (Address) 3718 Jennings Road, Pine Lawn, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Jos. W. Clark
Licensed Embalmer No. I66I.

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.)