

REC'D FEB 10 1939

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

270
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
 (b) Township 1 Primary Registration District No. 2008
 (c) City St. Louis Mo. (d) Street No. 4703 Lewis Place St. 270
 (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

545 James L. O'Hanlon
 (a) Residence, No. 4703 Lewis Place St. 12 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise E. Koehler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1867
 7. AGE YEARS 71 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Scaler
 9. Industry or business in which work was done, as saw mill, bank, etc. Independent Pack Co.
 10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation Co.

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

FATHER
 13. NAME Unknown O'Hanlon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. J. L. O'Hanlon
4703 Lewis Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. Jan. 9, 1939.

19. FUNERAL DIRECTOR (ADDRESS) Alexander and Sons
6175 Delmar Blvd.

20. FILED J. F. Puchner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1939, 1939
 22. I HEREBY CERTIFY That I attended deceased from Dec. 1, 1938, to Jan 7, 1939
 I last saw him on Jan 6, 1939. Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:

Mena
131
 Date of onset Jan 6

Other contributory causes of importance:
Acute Parenchymatous Nephritis probably caused by chills nephritis

Name of operation _____ 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?
 If so, specify _____
 (Signed) C. C. Emerson, M. D.
 (Address) 3670 Eastman

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 11 1939

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.

C. C. Emerson
3870 Eastern Ave
Newsted 1158
3-4

STATEMENT BY LICENSED EMBALMER

I, J. W. Binkley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed J. W. Binkley
Licensed Embalmer No. 3653

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.)