

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH

1003

706  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. 706  
 (c) City St. Louis (d) Street No. St. Johns Hospital St. ....  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 460 Bridget O'Leary St. 6  
5321st Wabada (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph D. O'Leary  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1887  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 52  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 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) Ireland13. NAME John M. O'Leary14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Margaret Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Mary O'Leary  
5321st Wabada18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1-24 19. 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles F. Stuart  
1225 Union Blvd.20. FILED 23 1939, 19. J. F. Budick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31 1939

22. I HEREBY CERTIFY, That I attended deceased from January 10th, 1939, to January 21, 1939.  
 I last saw her alive on January 21, 1939. Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic hepatitis  
without edema

Date of onset

Do not know

Other contributory causes of importance:

Chronic myocarditis

Do not know

Name of operation .....

What test confirmed diagnosis? Chest + Tol. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? .....

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) Augustus P. Munch, M. D.(Address) 306 Humboldt Bldg.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*BERNARD H. STUART*, or by .....

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

Signed.....

*Bernard H. Stuart*

Licensed Embalmer No. ....

*3500*

P. O. Address .....

*5318 Baltimore*

**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.)**

**If this body is not embalmed, above space should be left blank.**