

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.

23 1939  
 MAR 9 1939

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

7800  
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. 324

(c) City Pin's Lawn (d) Street No. 6508 Stratford Ave. 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 650 Catherine E. O'Hare

(a) Residence, No. 2502 Arlington Ave. St.  (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late William O'Hare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>about 74</u>			

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Ireland 5

FATHER

13. NAME Patrick Hampsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown Nolan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Andrew O'Hare  
 (ADDRESS) 2502 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 2-24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuaries  
4228 So. Kingshighway

20. FILED FEB 23 1939 J.R. Meyer M.D. PH  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 21 1939  
 I last saw him alive on Feb 21 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
& apoplexy  
57 mi

Date of onset Nov 7/38

Other contributory causes of importance:  
hypertension (essential)

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) John J. Langan, Jr. M. D.  
 (Address) 5800 W. Montross

Case No. 2240

W.F. Langdon Jr.  
5813 Oldy mouth ave

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11-12

**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, .....

....., or by .....

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

Signed.....

*Edwin A. McLevett*  
3024

Licensed Embalmer No.....

P. O. Address.....

**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.**