S. No. 2
—11-10-39
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8667

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2150

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days 21 days (Specify whether
In this community 59 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 2152 E. Warne Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 59 years.

3. (a) PRINT FULL NAME MICHAEL O'GARA

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth O'Gara 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 11, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	6	21	hr. min.

9. Birthplace _____ (City, town, or county) Ireland 5 (State or foreign country)

10. Usual occupation Retired Police Officer

11. Industry or business _____

FATHER
12. Name Michael O'Gara
13. Birthplace _____ (City, town, or county) Ireland 5 (State or foreign country)

MOTHER
14. Maiden name Rose Noon
15. Birthplace _____ (City, town, or county) Ireland 5 (State or foreign country)

16. (a) Informant Mrs. Elizabeth O'Gara
(b) Address 2152 E. Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) MAR 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec, 1936 to March 2, 1940 that I last saw him alive on March 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degeneration myocarditis	4 yrs
Due to	
Due to Hypertrophy of Prostate	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 2
(b) Date of occurrence 1
(c) Where did injury occur? 1 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)
While at work? 1 (e) Means of injury _____

23. Signature F. R. Finnegan (M. D. or other) M.D.
Address 5394 N Grand Date signed 3/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank G. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

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.