FILED APR 15 1940

V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8741

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2224

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

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St.Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3617a No. Newsteadt Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ruth Naomi O'Hara

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) unk (Day) (Year)

8. AGE: Years abt 62 Months Days If less than one day hr. min.

9. Birthplace Lebanon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Patrick O'Connor
13. Birthplace Kilroy (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ann Craddock
15. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Catherine Logan
(b) Address 4451 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 5 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 3 year 1940 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chas. Cerebral Hemorrhage (Duration)

Due to Traumatic Injuries received when struck by Buick

Due to Sedan driven by one Frank Bruzzolia

Other conditions (Include pregnancy within 3 months of death) Husband and Kid Buick

Major findings: Of operation Died 12:45 am 3-3-40

Of autopsy Fremont Jackson

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) Fremont Jackson

(b) Date of occurrence 10 3 3 40

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Crash

23. Signature Joseph M. Luer (M. D. or other)

Address Deputy Coroner Date signed

(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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address St. Louis Mo

4700 Washington

**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.**