FILED APR 17 1940

CH-2395 - 494-05-7790

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12452

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 688

96

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

1. PLACE OF DEATH:

(a) County SAINT LOUIS

(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7540 Stanford Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town UNIVERSITY CITY.
(If outside city or town limits write "RURAL")

(d) Street No. # 7540 STANFORD AVENUE.
(If rural, give location)

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

3. (a) PRINT FULL NAME DANIEL J. O'HAYER 600

3. (b) If veteran, name war None

3. (c) Social Security No. 494-05-7790

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EeTHEL FORD O'HAYER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 7th (Month) ~~1878~~ 1875 (Day) (Year)

8. AGE: Years ~~61~~ 64 Months 4 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Pacific Mutual Ins. Co.

FATHER
12. Name Edward J. O'Hayre
13. Birthplace Toronto (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Mary Hinch
15. Birthplace ____ (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Percival de St. Aubin
(b) Address 264 Irving Ave. Prov. R. I.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd

19. (a) APR - 9 1940 (Date received local registrar) (b) C. R. Meyer M.D. Dr. PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1940 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from March 18 - 1940, to April 7, 1940 that I last saw him alive on April 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 hrs
Due to Hypertension Vascular Disease	
Due to	
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) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Alphonse McMahon (M. D. or other)
Address 806 Missouri Bldg Date signed 4/8-40

(Licensed Embalmer's Statement on Reverse Side)

See affidavit No 260 in mine file 240

DR. ALPHONSE McMAHON
608 MISSOURI BLDG
JE: 7680

11-2

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 Bradford A. Miles

Licensed Embalmer No. 2401

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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