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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33479

FILLED NOV 24 1941  
791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8435

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:  
5875 Enright Ave. 1  
(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 \_\_\_\_\_

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

(d) Street No. 5875 Enright Ave.  
(If rural, give location)

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

3. (a) PRINT FULLNAME Anthony A. O'Hallaron

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Eugenia O'Hallaron 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 5 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name Edward O'Hallaron

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ailee Dunphy

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugenia O'Hallaron

(b) Address 5875 Enright Ave.

17. (a) Burial (b) Date thereof 10-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address 1710 N. Grand Blvd.

19. (a) OCT 24 1941 (b) J F Brudick  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 31 1941 to Oct 22 1941

that I last saw him alive on Oct 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chy. myocarditis  
Coronaries of heart.

Duration  
10 yrs  
2 yrs

Due to Progressive disease

Due to \_\_\_\_\_

Other conditions Intestinal diverticula  
(Include pregnancy within 3 months of death)

10 yrs

Major findings: Of operations \_\_\_\_\_

Of autopsy 1/24

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wesley Frankel MD (M. D. or other) \_\_\_\_\_  
Address Union Club Bldg Date signed 10/24/41

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

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 *Fred Frick*

Licensed Embalmer No. 3186

P.O. Address St. Louis, Mo.

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, fact should be so stated above.