

FILED FEB 2 1942
Registration District No. 1084

Primary Registration District No. 105

Registrar's No. 176

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town GLENDALE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
26 ELM AVE. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 YRS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town GLENDALE MO
(If outside city or town limits, write "RURAL")
(d) Street No. 26 ELM AVE.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME ELLEN MARY O'MEARA

3. (b) If veteran, name war NONE 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife THOMAS J. O'MEARA 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased MAY-10-1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 12 If less than one day - hr. - min.

9. Birthplace COUNTY KILKENNY IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name JOHN AYLWARD
13. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant John O'Meara
(b) Address 26 ELM AVE. GLENDALE.

17. (a) BURIAL (b) Date thereof JANUARY-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS GENT. BURYING GROUND

18. (a) Signature of funeral director Parker and Co MO

(b) Address WEBSTER GROVES MO.

19. (a) JAN 24 1942 (b) C. H. McElvaney
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1942 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1 to Jan 22 1942
that I last saw him alive on Feb 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 5 months

Due to 94%
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
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 R. Swath MD (M. D. or other)
Address Suburban MO Date signed 1-24-42

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

6
1
1

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 *E. L. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Wesley Street*

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.