

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42014

Registrar's No. 2697

FILED JAN 15 1943  
Registration District No. 780

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 hrs. 38 min.  
(Specify whether)

In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 Woodland Dr.  
(If rural, give location)

(e) Citizen of foreign country?                      (Yes or No)  
If yes, name country                     

3. (a) PRINT FULL NAME Daniel O'Leary

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1942 hour 5 minute :00 A.M.

21. I hereby certify that I attended the deceased from 12-17-42  
12-18-42, 19                    , to 12-18-42, 19                    ;

that I last saw him in alive on 12-18-42, 19                    ;

and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Belle Kinney O'Leary 6. (c) Age of husband or wife if alive                      years

7. Birth date of deceased: June 4 1858  
(Month) (Day) (Year)

Immediate cause of death Respiratory failure  
Pneumonia

Duration One week

8. AGE: Years Months Days If less than one day  
84 6 14                      hr.                      min.

Due to Uncomplicated Bronchitis One week

Due to Myocardial infarction, dilatation of heart  
Coronary artery disease, embolus

Other conditions Septic thrombosis

(Include pregnancy within 3 months of death)

9. Birthplace Cork Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation none

Major findings:  
Of operations                     

Of autopsy See above and Thompson of abdomen with ulceration - neoplasm.

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

11. Industry or business                     

MOTHER FATHER { 12. Name John O'Leary

13. Birthplace unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer C. Gott

(b) Address 1412 Woodlawn Ave

17. (a) Burial (b) Date thereof 12/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Pauls Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) DEC 19 1942 (b) C. H. McDevaney  
(Date received local registrar) (Registrar's signature)

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)                      (e) Means of injury                     

23. Signature R. J. Herdiner (M. D. or other)

Address St. Louis County Hosp. Date signed 12-18-42

47.7 (Licensed Embalmer's Statement on Reverse Side)

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

96  
9683

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**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 Edward H. Bockhard  
Licensed Embalmer No. 2502  
P. O. Address Clayton 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.**