S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3443/

State File No. 0

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 62

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 1/6/43 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 911-a Market Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - /

3. (a) PRINT FULL NAME Harry A. Houlihan

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife - UNKNOWN

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

7. Birth date of deceased September (Month) 8, (Day) 1887 (Year)

8. AGE: Years 55 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Peoria (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Fumigator

11. Industry or business -

FATHER
12. Name John Houlihan
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Fannie terBehn
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant M Shelley

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 11-43 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister U.L.C.

(b) Address 7814 S. Broadway

19. (a) JAN 12 1943 (Date received local registrar) (b) E. G. McGarvan (Registrar's signature) AK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th, year 1943 hour 8:25 minute a. M.

21. I hereby certify that I attended the deceased from January 6, 1943, to January 8, 1943; that I last saw him alive on January 8, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary chronic, active, far advanced — Duration Unknown

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no autopsy

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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) no

(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? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 1/8/43.

(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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.