

FILED MAR 11 1943

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Clark St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Edward O'Grady

3. (b) If veteran, name war World War 3. (c) Social Security No. 496-14-9770

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 4 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Steel Works

11. Industry or business American Cast & Foundry

12. Name John E. O'Grady
13. Birthplace Owen Sound Canada
(City, town, or county) (State or foreign country)
14. Maiden name Mary Josephine Suckler
15. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John E. O'Grady
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Feb. 23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Rest Home Cem.

18. (a) Signature of funeral director N.C. Dallmeier & Sons
(b) Address 201 N. Second, St. Charles, Mo.

19. (a) 2-22-43 (b) Clarence G. Wheeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1943 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from 12-16-1942 to 2-20-1943
that I last saw him alive on 2/20- 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Right Hemiplegia Duration 24 hours
Due to Cerebral embolism
Chronic Cardiac Decompensation
Due to Coronary Thrombosis? 48 hrs.
Enteri arthritis ??
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None 30d
Of operations _____
Of autopsy None
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)
(2) Means of injury 2nd
23. Signatory R. O. Snyder (M. D. or other) MD
Address St. Charles, Mo. Date signed 2/24/43

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SEP 24 1948

MAR 22 1943

MAR 17 1943

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

John E. Dallmeyer

Licensed Embalmer No. *2957*

P. O. Address

St Charles 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.