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M-5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26142

FILED AUG 14 1943

Registration District No. 317

Primary Registration District No. 3064

State File No. _____

Registrar's No. 1815

1. PLACE OF DEATH:

(a) County... ST. LOUIS

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

(c) Name of hospital or institution: ST. MARY'S
(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... ILLINOIS (b) County... ST. CLAIR

(c) City or town... EAST ST. LOUIS
(If outside city or town limits, write "RURAL.")

(d) Street No. 1637 N 51
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country... 2

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

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET

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

7. Birth date of deceased JULY 14 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>0</u>	<u>21</u>	hr. min.

9. Birthplace PITTSBURG PA 1
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business _____

MOTHER FATHER

12. Name JOHN F O'FLAHERTY

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

14. Maiden name MARY KEANE

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

16. (a) Informant Chas Burke

(b) Address East St. Louis Ill

17. (a) BURIAL (b) Date thereof AUG 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST ST. LOUIS ILL

18. (a) Signature of funeral director Chas M. Burke

(b) Address East St. Louis, Ill

19. (a) 8-7-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/5/43 day _____
year _____ hour 7 minute 40 PM M.

21. I hereby certify that I attended the deceased from 7/1/43 to 8/5/43, 19____
that I last saw him alive on 8/5/43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction, Carcinoma of head of pancreas.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Ca of head of pancreas.

Of autopsy 469

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) Means of injury _____

Signature Warren J. Marston (M. D. or other)

Address 607 - 7th St Date signed 8/5/43

SEP 3 1953

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address. EAST 57 LOUIS

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.