. S. No. 2
0M—2-43
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FED AUG 30 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26948

Registrar's No. 7469

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4517 Arco Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17 9 8
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4517 Arco Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Daniel O'Hare
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Nellie O'Hare
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 6th., 1866 (Month) (Day) (Year)
8. AGE: Years 77 Months 4 Days 12 If less than one day hr. min.
9. Birthplace (City, town, or county) Ireland (State or foreign country) 4
10. Usual occupation R.R. Mechanic
11. Industry or business
MOTHER FATHER
12. Name Daniel O'Hare
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Cathleen McLean
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Mr. Cornelius A. O'Hare
(b) Address 3212a Dodier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) AUG 19 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th., year 1943 hour 9 minute 45 a.m.
21. I hereby certify that I attended the deceased from 4-29, 1943 to 8-18, 1943 that I last saw him alive on 8-15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral Apoplexy	4 yr.

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
(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? (e) Nature of injury

23. Signature Frank Webb (M. D. or other) M.D.
Address 4501 S. Manchester Date signed 8-19-43

(Licensed Embalmer's Statement on Reverse Side)

4501a Manchester Ave.

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.....

.....r....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.