

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

FILED OCT 2 - 1943 318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6446 WISE AVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community 55 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6446 WISE AVE
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John O'HARE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT day 21
 year 1943 hour 11 minute 9 M.
 21. I hereby certify that I attended the deceased from 1936
 19____ to Sept 21, 1943;
 that I last saw him alive on Sept 20, 1943
 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 MARRIED
 6. (b) Name of husband or wife MELIE O'HARA
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased JUNE 9-1862
(Month) (Day) (Year)

Immediate cause of death:
Gas. embolism
probable - from Colon
& P. in definite
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death):
Senile Dementia

8. AGE: Years 79 Months 3 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace D.K. 4 IRELAND
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED POLICE OFFS

11. Industry or business _____

MOTHER FATHER
 12. Name OWEN O'HARE
 13. Birthplace D.K. 4 IRELAND
(City, town, or county) (State or foreign country)
 14. Maiden name CATHERINE KANE
 15. Birthplace D.K. 4 IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant KATHERINE O'HARE
 (b) Address 6446 WISE AVE

17. (a) BURIAL (b) Date thereof 9-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director ARTHUR J. DONNELLY
 (b) Address 3840 LINDELL BLVD

19. (a) SEP 22 1943 (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings: ✓
 Of operations _____
 Of autopsy ✓
 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)
 (e) Means of injury _____
 23. Signature Chowmiller (M. D. or other)
 Address 600 Humboldt Date signed 9/24/43

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell Blvd

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.