

S. No. 2
 OOM-5-43
 Rev. 5-17-39
 FILED

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 NOV 18 1943
 Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36771
 Registrar's No. 9762

Primary Registration District No. 1003

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

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:
ST. ANTHONY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 DAYS
 (Specify whether years, months or days)
 In this community 21 YEARS

3. (a) PRINT FULL NAME MOTHER MARY O'LOANE
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex FEMALE 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 OCT. 7 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 29 ..hr. ..min.

9. Birthplace STAFFORD CANADA 2
 (City, town, or county) (State or foreign country)
 10. Usual occupation RELIGIOUS

11. Industry or business.....
 12. Name JAMES O'LOANE
 13. Birthplace DONT KNOW CANADA 2
 (City, town, or county) (State or foreign country)
 14. Maiden name MARILET KIELY
 15. Birthplace DONT KNOW CANADA 2
 (City, town, or county) (State or foreign country)

16. (a) Informant MOTHER M. TRACY
 (b) Address 2900 MERAMEC ST.

17. (a) BURIAL (b) Date thereof 11-8-43
 (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) NOV 7 1943 (b) J. F. Budeak
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 000 17
 (c) City or town ST. LOUIS MO. ST. 915
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2900 MERAMEC ST.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 6
 year 1943 hour 8 minute A.M.
 21. I hereby certify that I attended the deceased from Oct 20, 1943, to Nov 6, 1943
 that I last saw him alive on Nov 5, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to cerebral hemorrhage 3 days
 Due to chronic nephritis
 Other conditions peptic ulcer
 (Include pregnancy within 4 months of death)

Major findings:
 Of operations operated for peptic ulcer 10-28-43
 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?
 While at work? (Specify type of place) (e) Means of injury.....
 23. Signature F. J. Taiter (M. D. or other)
 Address Memorial Bldg. St. Louis, Mo. Date signed 11-6-43

