

FILED NOV 18 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
7200 Arsenal St.  
(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

3. (a) PRINT FULL NAME William O'Loughlin

3. (b) If veteran, name war No 3. (c) Social Security No. None

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 June 9 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 25 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation City Fireman

11. Industry or business Retired

12. Name Michael O'Loughlin

13. Birthplace Ireland  
(State or foreign country)

14. Maiden name Dont know

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

16. (a) Informant Miss Doris Welch  
(b) Address 7200 Arsenal St.

17. (a) Burial (b) Date thereof Nov. 8- 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) NOV 6 1943 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7200 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 4  
year 1943 hour 8 minute \_\_\_\_\_ P M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943,  
to Nov. 4, 1943,

that I last saw him alive on Oct. 25, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the pancreas, Duration Jan. 15, 1943

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ascites, August 14, 1943  
(Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of hire) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Predeck M.D. \_\_\_\_\_  
Address 320 Metropolitan Bldg. (M.D. or other) \_\_\_\_\_  
Date signed 11/6/43

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

MOTHER FATHER

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**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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.**