

No. 2  
-5-43  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 790  
Registrar's No. 882

FILED FEB 4 1944

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1015a OakView Place  
(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 Mo. (b) County 12  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1015a OakView Place  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Celia O'Fallon  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 27th., year 1944 hour 7 minute 45 a.m.  
21. I hereby certify that I attended the deceased from Jan 25 1944 to 1-29 1944  
that I last saw her alive on 1-26 1944  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 16th., 1892  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage  
Due to Hypertensive Vascular Disease  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
51 7 11 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Henry O'Fallon  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Concannon  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Annie O'Fallon  
(b) Address 1015a OakView Place  
17. (a) Burial (b) Date thereof 1-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2214  
18. (a) Signature of funeral director Arthur J. Connelly  
(b) Address 7840 Lindell Blvd

19. (a) JAN 28 1944 (b) J. J. Budek  
(Date received local registrar's report) (Registrar's signature)

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 Carl J. Miller (M. D. or other) \_\_\_\_\_  
Address 3109 Maple St Date signed 1-28-44

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kendall

**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.**