

No. 2  
5-43  
17-39  
X36671

FILED JAN 12 1944  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **86**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**  
**Max C. Starkloff Memorial**  
(If both in hospital or institution, with street number or location)

(d) Length of stay: In hospital or institution **5 days**  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **17**

(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2517 Coleman St.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary O'Hearn**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W** 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 **August 15 1889**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **3**  
year **1944** hour **1:04** minute **P** M.

21. I hereby certify that I attended the deceased from **December 30**, 19**43** to **January 3**, 19**44**;  
that I last saw her alive on **January 3**, 19**44**;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<b>74</b>	<b>00</b>	<b>6</b>	<b>14</b>	hr. _____ min.

Immediate cause of death **Labor pneumonia** Duration \_\_\_\_\_

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

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

Other conditions **Arteriosclerotic cardiovascular disease**  
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace **Louisville, Kty.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

12. Name **James O'Hearn**

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

14. Maiden name **Ellen O'Halloran**

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

16. (a) Informant **Miss Blanche O'Halloran**  
(b) Address **2517 Coleman**

17. (a) **Burial** (b) Date thereof **1-5-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Sullivan Bros.**  
(b) Address **JAN 4 1944 2849 N. Euclid Ave.**

19. (a) **J. F. Brudick** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations **none**

Of autopsy **none**

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 **Chas. W. Maden** (Date signed) **1/3/44**  
Address **1515 Lafayette**

**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.....

*Albert Mayfield*  
.....

Licensed Embalmer No.....

*3077*

P. O. Address.....

**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.**