

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 3

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 Days
 (Specify whether
 In this community Lifetime
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 725 N. South St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 27
 year 1943 hour 3 minute 15 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary (Eunice) O'Hara 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased February 22, 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 15, 1943, to Dec 27, 1943;
 that I last saw h. in alive on Dec 27, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary atherosclerosis
 Duration 2 wks.

8. AGE: Years 68 Months 10 Days 5 If less than one day hr. min.

Due to
 Due to

9. Birthplace O'Fallon Mo.
 (City, town, or county) (State or foreign country)

Other conditions chronic myocarditis
 (Include pregnancy within 3 months of death) 5 yrs.

10. Usual occupation Merchant
 11. Industry or business Tavern

Major findings:
 Of operations 93d
 Of autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name Christian O'Hara
 13. Birthplace Nanovet Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary M. Siefert
 15. Birthplace St. Peters Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence O'Hara
 (b) Address 725 N. South, St. Charles Mo.

17. (a) Burial (b) Date thereof Dec 30, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles

18. (a) Signature of funeral director N.C. Dellmeyer, Inc.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 12-29-43 (b) Emst. G. Paul
 (Date received by registrar) (Registrar's denature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (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?

(Specify type of place)
 While at work? (e) Means of injury:

23. Signature George Skata (M. D. or other)
 Address St. Charles, Mo. Date signed 12/28/43

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

2
9
33

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 *John B. Dalmeier*.....

Licensed Embalmer No. *2951*.....

P. O. Address. *St Charles 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.