DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20099

State File No.

FILED JUN 23 1944

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 5325

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:
6446 WISE AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17 4 9

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

(d) Street No. 6446 Wise Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nell O'Hare

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife John O'Hare

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 7th., 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Arcola (City, town, or county) Ill. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown Dolan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Dolan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Katherine O'Hare

(b) Address 6446 Wise Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (c) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JUN 12 1944 (Date received local registrar) J. F. Bradfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 10, 1944 to June 11, 1944 that I last saw her alive on June 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocardial Failure	1 day
Due to Chronic Myocarditis and Myocardial degeneration	4 years
Due to -atism	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
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:

(c) 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 Jno. T. Norton (M. D. or other) M.D.

Address 634 No Grand Blvd Date signed 6/11/44

St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. WILLIAM NORTON
7731 COUNTRY CLUB COURT

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.