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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35313

FILED OCT 29 1944

Registration District No. ..... Primary Registration District No. 3068 Registrar's No. 2183

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3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2272 Yale 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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 2272 Yale Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John D. O'Leary

3. (b) If veteran, name war None

3. (c) Social Security 498-01-8544

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice O'Leary

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 3 (Day) 1885 (Year)

8. AGE: Years 59 Months 6 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Hatford, Ontario (City, town, or county) Canada (State or foreign country) 2

10. Usual occupation Expiditor

11. Industry or business Scullen Steel Co.

FATHER
12. Name John D. O'Leary
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name Catherine McAdams
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Alice O'Leary
(b) Address 2272 Yale Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M.J. Croghan
(b) Address 7146 Manchester Ave.

19. (a) OCT 26 1944 (Date received local registrar) (b) E. L. McGauran M.D. (Registrar's signature)

767 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1944 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchopneumonia — Duration

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy No

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

23. Signature F. O. Wilson M.D. (M. D. or other)
Address 601 Brentwood Blvd. Date signed 10/26/44

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 Gary W Wilkinson

Licensed Embalmer No. 3575

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.