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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No.

Registrar's No. 2937

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

1. PLACE OF DEATH:

(a) County: ST. LOUIS COUNTY

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

(c) Name of hospital or institution: VETERANS ADMINISTRATION FACILITY (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Aug.25,1944 (Specify whether years, months or days)

In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:

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

(c) ~~City or town~~ street: 9501 Cloverhurst, (If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ City: St. Louis Co.Affton (If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: Robert O'ROURKE

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 489-03-0070 Yes-not rem.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: -

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

7. Birth date of deceased: August (Month) 21, (Day) 1895 (Year)

8. AGE: Years 49 Months 5 Days 10 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Chauffeur

11. Industry or business: -

MOTHER FATHER

12. Name: Eugene O'Rourke

13. Birthplace: St.Louis (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name: Emma Boening,

15. Birthplace: St.Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Clinical Records

(b) Address: Vet.Adm.Fac.,Jeff.Brks.,Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb.3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Jefferson Barracks

18. (a) Signature of funeral director: W. Schumacher

(b) Address: 3013 Meramec

19. (a) FEB 2 1945 (Date received local registrar) (b) E. G. Mahurin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st, year 1945 hour 10:35 minute A. M.

21. I hereby certify that I attended the deceased from August 25, 1944 to January 31, 1945; that I last saw him alive on January 31, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL THROMBOSIS.	Unkn.
due to	
Due to: Cerebral arteriosclerosis.	Unkn.
Other Conditions:	
Due to: - Hypertensive and coronary arteriosclerotic heart disease with myocardial damage and insufficiency.	Unkn.
Other conditions (Include pregnancy within 3 months of death): Hypertension, arterial. Arteriosclerosis, general. Nephritis, chronic, with nitrogen retention. Dur. unkn.	
Major findings: Of operations: No operation.	
Of autopsy: No autopsy.	

Underline the cause to which death should be charged statistically.

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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: 0

24. (a) Signature: E.V.EDWARDS, Major, M.C., (M. D. or other)

(b) Address: Acting Clinical Director Date signed 1/31/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

DEC 3 1947

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.