

FILED JUN 19 1945

318

Primary Registration District No.

1003

Registrar's No. 5012

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

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:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 22 yrs 2 mos 4 ds.
(Specify whether years, months or days)

In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2618 N. 99 St
City Sanitarium (Institution)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN O'LAUGHLIN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mary O'Laughlin 6. (c) Age of husband or wife if alive. 62 6/8 years

7. Birth date of deceased. December 16 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Sec. of State of Missouri Office

12. Name John O'Laughlin

13. Birthplace not known Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown.

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

16. (a) Informant Thelma A. Siegler

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof June 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph Nicholas
(b) Address 1431 Union Blvd.

19. (a) JUN 6 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1945 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to June 4 1945;
that I last saw h. im alive on June 4 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Tuberculous 5 years
Tubercular Nephritis several mos

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 12

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?

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

23. Signature Edmund Brown Bowler (M. D. or other)
Address..... Date signed.....

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 Apprentices No.
working under my personal supervision.

Signed *James Wehner*

Licensed Embalmer No. *2915*

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.