

FILED JUL 20 1945
218

Primary Registration District No. _____

Registrar's No. 6088

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Daniel O'Loughlin

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased Feb 20 1861
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>84</u> | <u>4</u> | <u>22</u> | hr. _____ min. |

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

10. Usual occupation REtired Moborman

11. Industry or business Public Service Co

12. Name James O'Loughlin

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

14. Maiden name Mary Behan

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

16. (a) Informant James O'Loughlin

(b) Address 4141a Chouteau St

17. (a) Burial (b) Date thereof 7 14 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshausner

(b) Address 4228 So. Kingshighway

19. (a) JUL 13 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 4141a Chouteau Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1945 hour 2:05 PM 9 minute 45 M.

21. I hereby certify that I attended the deceased from 6/19/45
to 7/12 1945

that I last saw him alive on 7/12 1945
and that death occurred on the date and hour stated above

Immediate cause of death Secondary chr nephritis

Duration _____

Due to _____

Due to _____

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

Major findings: Respiratory

Of operations _____

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:

(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 Leo J. Bredbeck (M. D. or other) _____
Address Franklin Co Mo Date signed 7/13/45

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

17
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MOTHER FATHER

Dr Hyland

Dr Leo Bartel
Private Body

2-3

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.....

Edwin A. Stewart

Licensed Embalmer No..... *3024*

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.