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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38574

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2293

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5330 Jennings Road (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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Jennings (If outside city or town limits, write "RURAL") 0

(d) Street No. 5330 Jennings Road (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William H. O'Mara

3. (b) If veteran, name war .....

3. (c) Social Security No. 487-18-4164

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

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

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

7. Birth date of deceased July (Month) 10 (Day) 1908 (Year)

8. AGE: Years 37 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business .....

FATHER
12. Name William H. O'Mara
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mary Durawska
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mary O'Mara Mother

(b) Address 5330 Jennings Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt.

18. (a) Signature of funeral director Harrigan-Sheahan Und.

(b) Address 4415 Washington Blvd. St. Louis

19. (a) 12-11-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th. year 1945 hour 5:00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from June 28, 1945 to Dec 9, 19[illegible]; that I last saw him alive on Dec 8, 19[illegible] and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson Syndrome

Due to .....

Due to 87C

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

Major findings: Of operations Same

Of autopsy None

Duration

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 [illegible] (M. D. or other) .....

Address 4952 Maryland Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Dr Clemmie
St Luke's Hosp

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 Albert E Kappe

Licensed Embalmer No. 2971

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.