

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **745**

**FILED** FEB 13 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **974**

**1. PLACE OF DEATH:**

(a) County **St. Louis**

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

(c) Name of hospital or institution:  
**4527 Carrie Ave**  
(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 **000**

(c) City or town **St. Louis** **917**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4527 Carrie Ave** **9**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** **Margarete Elizabeth O'Hara**

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan**, day **26**, year **1946** hour **2** minute **40**, P. M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single; widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct. 4, 1875**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 2**, 19**46** to **Jan. 26**, 19**46**  
that I last saw h. **or** alive on **Jan. 26**, 19**46**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>3</b>	<b>22</b>	hr. _____ min. _____

Immediate cause of death **Uremia** **3 days**

Due to **Chronic Nephritis & Hypertension** **2 days**

Due to \_\_\_\_\_

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

10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death) **1/21**

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **Bernard O'Hara**

13. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Carey**

15. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Isabelle Flori**

(b) Address **3938 a Natural Bridge Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/29/46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

**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? \_\_\_\_\_

18. (a) Signature of funeral director **Stroot - Carroll**

(b) Address **4600 Natural Bridge Ave**

19. (a) **JAN 28 1946** **J. F. Bedeck**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Arthur Gundlach** (M. D. or other) **M.D.**

Address **2200 University** Date signed **1/28/46**

(Licensed Embalmer's Statement on Reverse Side) **ARTHUR GUNDLACH**

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

2938

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**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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.**