

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18765

4803

Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

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:
2618 N. Euclid Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20yrs.
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME William O'Hearn

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 Dec 5th. 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name William O'Hearn
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McCue
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Cudmore

(b) Address 2618 N. Euclid Ave.

17. (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheehan Und Co

(b) Address 4415 Washington Blvd.

19. (a) MAY 29 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2618 N. Euclid 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 May day 28th.
year 1946 hour 3:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 22 1946 to May 27 1946
that I last saw him alive on May 27 1946
and that death occurred on the date and hour stated above
Immediate cause of death Same May condition Duration _____

Due to Arterio Sclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

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) (e) Means of injury _____

23. Signature W. Jackson Miller (M. D. or other) _____

Address 3868 Ashland Date signed 5/28/46

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

J. Allen Davis Jr.

Licensed Embalmer No.

4053

P. O. Address

J. Allen Davis Jr.

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.