

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED JUL 3 1946
Registration District No. **318**

Primary Registration District No. **1003**

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: DePaul Hospital
(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
(If outside city or town limits, write "RURAL") 77

(d) Street No. 4525a Queens
(If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph F. O'Leary

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Genevieve

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased January 19, 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 26, 1946 to June 17, 1946
that I last saw him alive on June 15, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

46	4	28	_____ hr. _____ min.
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Immediate cause of death: Pulmonary hemorrhage

Due to Bronchogenic Carcinoma

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration Immediate

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Police Sergeant

11. Industry or business St. Louis Police Dept.

MOTHER FATHER

12. Name Benjamin O'Leary

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

14. Maiden name Mary Fleming

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

16. (a) Informant Mrs. Genevieve O'Leary

(b) Address 4525a Queens

17. (a) Burial (b) Date thereof 6 - 20 - 46
(Burial, cremation, or removal) (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? _____

While at work _____ (Specify type of place)

Means of injury 9

18. (a) Signature of funeral director Chas. F. Stueck

(b) Address 1225 Union Blvd.

19. (a) JUN 19 1946 (Date ready for final return)

J. Z. Bralock (Registrar's signature)

23. Signature Charley M. ... (M. D. number)

Address 5911 Lee Ave Date signed 6/18/46

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

20330

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..... *W. W. Wilkinson*.....

Licensed Embalmer No..... *2575*.....

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.