

FILED AUG 29 1946  
Registration District No. 318

Primary Registration District No.

1003

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

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: Homar G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2915 a Thomas  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Matt O'Harra

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married married  
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased 9 (Month) 1 (Day) 1873 (Year)

8. AGE: Years 72 Months 11 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salvage

11. Industry or business Copierman

12. Name Matthew O'Harra

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

14. Maiden name Unknown

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

16. (a) Informant Joseph O'Harra

(b) Address 2915 Thomas St

17. (a) Burial (b) Date thereof 8-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director J. W. Bruce

(b) Address 1003 N. Harrison

19. (a) 1110 9 9 1086 (b) J. F. Brudson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
year 1946 hour 6 minute xx P. M.

21. I hereby certify that I attended the deceased from 8-15, 1946, to 8-18, 1946.  
that I last saw him alive on August 18, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1-SEPTICEMIA  
1-Bronchial Pne umonia  
2-Chr. Nephritis  
3-Senility

Due to \_\_\_\_\_  
Other conditions NONE  
(Include pregnancy within 3 months of death)

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

Of autopsy No

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 0

23. Signature E. B. Williams (M. D. or other) 0  
Address 2601 N. Webster Date signed 8/19/46

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

**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 Arthur L. Halliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

**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.**