No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30793

Registration District No. 161 Primary Registration District No. 5594 Registrar's No. 28

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, state street number or location)
(d) Length of stay: In hospital or institution 6 MONTHS 2 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Ooo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5956 Goodfellow 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME LAWRENCE O'LEARY
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NOT MARRIED
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 22 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	20	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Operator
11. Industry or business Factory
FATHER
12. Name John O'Leary
13. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Mary A. Lanagan
15. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Brother Rock, O.S.F.
(b) Address St. Josephs Hill Infirmary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 '46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.
19. (a) Sept 14, 1946 (Date received local registrar) (b) Mrs J. G. Huckels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1946 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 12, 1946, to Sept. 10, 1946 that I last saw him alive on Sept. 10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature J. L. Mardis MD (M. D. or other)
Address 3155 No Vandeventer Date signed 9/12/46

144

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-171
Date Filed 9-23-46

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.