

Registration District No. **317**

Primary Registration District No. **3069**

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

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5  
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**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town MAPLEWOOD  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7336 WOHMEYER  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community.....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County ST. LOUIS 91

(c) City or town MAPLEWOOD  
(If outside city or town limits, write "RURAL")

(d) Street No. 7336 WOHMEYER  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

**3. (a) PRINT FULL NAME** CATHERENE E. O'HARA,

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month OCT. day 10<sup>TH</sup> year 1946 hour 12 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** July 1, 1945 to Oct 10, 1946  
that I last saw her alive on Oct 9, 1946; and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

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

7. Birth date of deceased OCTOBER 19 1858  
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to..... 93rd

Due to.....

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

87 11 28 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions arterio sclerosis (include pregnancy within 3 months of death) 5 years

Major findings:  
Of operations.....  
Of autopsy.....

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

**10. Usual occupation** HOUSE WIFE

**11. Industry or business**

**12. Name** JAMES MULLEN

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

**14. Maiden name** JANE MULLEN

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

**16. (a) Informant** MISS TRAINOR

(b) Address 7336 WOHMEYER

**17. (a) BURIAL** (b) Date thereof 10-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

**18. (a) Signature of funeral director** M. J. CROGHAN

(b) Address 7146 MANCHESTER

**19. (a) 0-14-46** (b) Auth. J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

**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** 60 Breckenridge MO (b) or other) 0

Address Maplewood Mo Date signed 10/14/46

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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..... *Albert J. Heppel* .....

Licensed Embalmer No..... *3971* .....

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.**