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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 31 1947**  
#48545 318  
Registration District No.

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. **11358**  
Registrar's No. **2982**

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

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri.**  
(b) City or town **St. Louis, Missouri.**  
(c) Name of hospital or institution: **St. Louis City Hospital—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 Days**  
In this community **Life—18 Days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **BABY BOY O'LEARY**  
**(Jeremiah Wayne O'Leary)**  
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years  
7. Birth date of deceased **Mar. 2 1947**  
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business

MOTHER FATHER

12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Ellen O'Leary**  
15. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edna O'Leary**  
(b) Address **2223 Menard St., ST. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **3/21/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Matthews Cem., St. Louis**

18. (a) Signature of funeral director **A. W. McLaughlin**  
(b) Address **2301 Lafayette Ave., St. Louis, Mo.**

19. (a) **MAR 20 1947** (b) **J. H. Hudek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Madison**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2223 Menard Memorial**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **20th**  
year **1947** hour **1:00** minute **A** M.  
21. I hereby certify that I attended the deceased from **3/2/47**  
to **3/20/47**  
that I last saw him alive on **3/20/47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure?**  
Due to **Diarrhea etiology undetermined**  
Due to **119**  
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? **No**  
23. Signature **1515 Lafayette** **3/20/47** other  
Address Date signed

**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..... *C W Cooper*.....

Licensed Embalmer No. *13832*.....

P. O. Address *2301 Lafayette*.....

**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.**