S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36122

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9705

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8218 Pennsylvania Ave.,
(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 009
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8218 Pennsylvania 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mangaret O'Laughlin
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank O'Laughlin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 3, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 6 (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Tim O'Keefe 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Sheehan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Edmond O'Laughlin
(b) Address 8218 Pennsylvania
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) OCT 20 1947 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 18th year 1947 hour 4 minute p.m. M.
21. I hereby certify that I attended the deceased from 1-7-46, 19..., to 10-18-47, 19...; that I last saw her alive on 10-18-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 days
Due to: Arteriosclerosis	10 yrs.
Due to: Chronic Myocarditis	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) Nature of injury 0
23. Signature Mrs Stubbs M.D. (M. D. or other)
Address Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

L 01706

DR STARKLOFF

12-30

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.....J. Wm Brinkley.....

Licensed Embalmer No.....3653.....

P. O. Address.....St Louis Mo.....

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.