

No. 2
2-45
17-39
X47070

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

FILED NOV 7 1947

318

Primary Registration District No.

1003

State File No.

9594

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6031 Oleatha
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1947 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from
10-23-47, 1947 to 10-28-47
that I last saw him alive on 10-28-47
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Congenital syphilis
Due to.....
Duration 5 day
Other conditions.....
(Include pregnancy within 3 months of death)
1570

Major findings:
Of operations.....
Of autopsy yes St. Anthony's
Underline the cause to which death is 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?.....
(Specify time of day) (State of injury)
23. Signature O. C. [Signature]
(M. D. or other)
Address 4573 S. Knip [Signature] Date signed 10/28/47

3. (a) PRINT FULL NAME Lawrence George O'Mara

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 1

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

7. Birth date of deceased. October 23 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
----- hr. --- min.
5

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Lawrence O'Mara

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

14. Maiden name Edna Julia May

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence O'Mara

(b) Address 6031 Oleatha

17. (a) Burial (b) Date thereof Oct. 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) OCT 29 1947 (b) J. F. Braxton
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

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.