No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2640

FILED FEB 9 1948

Registration District No. 318 — Primary Registration District No. 1003 — State File No. ..... — Registrar's No. 820

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: Faith Hospital
(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: 0-0-0

(a) State Missouri (b) County .....

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 1469 Shawmut Pl. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Thomas M. Horan

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

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

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

7. Birth date of deceased October (Month) 16, (Day) 1879 (Year)

8. AGE: Years 68 Months 3 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Stone Mason

11. Industry or business .....

FATHER
12. Name Thomas M. Horan
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Byrne
15. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Bess Jellison
(b) Address 1469 Shawmut Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Lloyd F. Stuart
(b) Address 1225 Union Blvd.

19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1948 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 17, 1948 to Jan. 25, 1948
that I last saw him alive on Jan. 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Carcinoma of lungs — ?

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy above with metastasis

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) Means of injury .....

23. Signature A. J. Signorelli (M. D. or other) MD
Address 3801 N Taylor Ave. Date signed 1/25/48

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

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. Pardwell

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.