S. No. 2
—1/47
5-17-39

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

State File No. 6842

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1903

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: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 hrs (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State ILL (b) County ST. CLAIR
(c) City or town E. ST. LOUIS 11
(If outside city or town limits, write "RURAL")
(d) Street No. 502 N 11th ST. O
(If rural, give location)
N.R. 2
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Owen Eugene O'HARA
3. (b) If veteran, name war —
3. (c) Social Security No. 338-16—3125

4. Sex M O
5. Color or race White
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SARAH CURRAN
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased April (Month) 20 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	10	0	hr. min.

9. Birthplace Carbondale, Pa. 1
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Construction Worker
FATHER
12. Name PATRICK O'HARA 4
13. Birthplace SCOTLAND 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET SHARKEY
15. Birthplace SCOTLAND 4
(City, town, or county) (State or foreign country)
16. (a) Informant Patrick O'Hara
(b) Address E St Louis, Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill Mt Carmel
18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address 1416 St. Louis Ave. East St. Louis, Ill.
19. (a) FEB 25 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1948 hour 11 minute 25 P M.

21. I hereby certify that I attended the deceased from Dec 5, 1947, to Feb 20, 1948
that I last saw him alive on Feb 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration 11
Due to
Due to
Other conditions Emphysema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

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 O

23. Signature F R Bradley (M. D. ~~or other~~)
Address Barnes Hospital, Date signed 2/20/48

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Phillip Ogden

Licensed Embalmer No. 7091

P. O. Address East St. Louis, Ill.

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.