

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 3096

Registrar's No. 87

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3922a St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3922a St. Louis</u>				d. STREET ADDRESS (If rural, give location) <u>3922a St. Louis</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>O'Leary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 9 1866</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR <u>5</u> Months <u>24</u> Days		IF UNDER 1 HRS. <u>25</u> Hours <u>15</u> Min.		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>John Fitzgerald</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Dundin</u>		14. NAME OF HUSBAND OR WIFE <u>John F.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph O'Leary</u>		ADDRESS <u>3922a St. Louis Ave.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy Heart</u>				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>December, 1946</u> , to <u>January 10, 1949</u> , that I last saw the deceased alive on <u>January 1, 1949</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Peter Cataldi MD</u>				23b. ADDRESS <u>4966 Columbia av</u>		23c. DATE SIGNED <u>1/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 5 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. F. Smart</u>		ADDRESS <u>2525 Union Blvd.</u>	

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

Handwritten mark resembling a stylized 'A' or 'L'.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Gay W. Wilkerson*

Licensed Embalmer No. 3575

P. O. Address *H. Joiner M.*

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.