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FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42663**  
Registrar's No. **11135**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>2179</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>5 Mos. 13 Days</b>		d. STREET ADDRESS (If rural, give location) <b>3403 EADS AV.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Infirmary Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b> b. (Middle) <b>Bridget</b> c. (Last) <b>O'Halloran</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1950.</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>JAN-20-1893</b>	
				9. AGE (In years last birthday) <b>67YRS</b>	
11. BIRTHPLACE (State or foreign country) <b>MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>0</b>		

13a. FATHER'S NAME <b>PETER O'HALLORAN</b>		13b. MOTHER'S MAIDEN NAME <b>BRIDGET M. McCormick</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>THERESA QUINN</b> ADDRESS <b>4068 CONNECTICUT</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>334X</b>	

22. I hereby certify that I attended the deceased from **Sept. 26, 1950** to **Dec. 26, 1950**, that I last saw the deceased alive on **Dec. 26, 1950**, and that death occurred at **10:50 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George M. Jendka, M.D.</b>		23b. ADDRESS <b>5600 Arsenal Street</b>		23c. DATE SIGNED <b>12/26/50</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC-29-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schum</b>		ADDRESS <b>3125 Lafayette Av.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 27 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Pascoe</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Geo B Vollmer*

Signed.....  
Student Embalmer .....

Licensed Embalmer No. *41014*

P. O. Address *3125 DuPont*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.