No. 300
10.48

FILED MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16028

State File No.

BIRTH NO. REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 72

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): B.
c. (Last): O'HANLON

4. DATE OF DEATH (Month): May (Day): 8 (Year): 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 5, ~~1901~~ 1902
9. AGE (In years last birthday): 50 ~~51~~
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Opeator of Motel Normandy
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Peter J. O'Hanlon
13b. MOTHER'S MAIDEN NAME: Georgia A. DeMattos
14. NAME OF HUSBAND OR WIFE: Elsa A. O'Hanlon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 1&2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Elsa A. O'Hanlon ADDRESS: Pacific, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MALIGNANT HYPERTENSION 2
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: 332 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1952 to 5/8, 1952, that I last saw the deceased alive on 5/8, 1952, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Pacific Mo
23c. DATE SIGNED: 5/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: May 12, 1952
REGISTRAR'S SIGNATURE: F. J. Hudmann by L. L. Hudmann
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1954

JUL 30 1958

FEB 8 1961

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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 La Kingshighway

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.

State of Missouri } ss.
County of

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 16028-52
Local Registrar's No.

On this 12th day of May 1952 ##, before me appears Herman F. Kriegshauser (Funeral Director), who, upon my oath, states that the original record of ### death for James B. O'Hanlon, died ## May 8, 1952 ##, in the State of Missouri, and which was filed at Franklin Co. on May 10, 1952, should be corrected as follows:

Item No. 8 should read Jan. 5, 1902
Instead of Jan. 5, 1901

Item No. 9 should read 50 Years
Instead of 51 Years

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman F. Kriegshauser Fun. Director
Relationship.

4228 S. Kingshighway Bl.
Present Address.
St. Louis (9) Mo.

Subscribed and sworn to before me this 12th day of May, 1952

My Commission expires June 21, 1955 Edwin J. B. Hermann Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
I—8-43
I X37017

MAY 29 1952

MAY 20 1952