

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23068

State File No. ....

FILED JUN 20 1953

5538

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) <b>32-hrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>3559 Halliday</b> 16 <span style="float: right; font-size: 2em;">21690</span>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Cornelius</b> b. (Middle) <b>A.</b> c. (Last) <b>O'Hare</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 3, 1953</b>			
<b>5. SEX</b> <b>M.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>M.</b>	<b>8. DATE OF BIRTH</b> <b>July 13, 1896</b>		
<b>9. AGE</b> (In years last birthday) <b>56</b> IF UNDER 1 YEAR: Months <b>8</b> Days <b>20</b> IF UNDER 24 HRS. Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salesman—Wright Chemical Company</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
<b>13a. FATHER'S NAME</b> <b>Daniel O'Hare</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nellie Talty</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Dorothy O'Hare</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes</b> <b>World War # I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>489-03-6196</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Dorothy O'Hare, 3559 Halliday Ave.</b>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> 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.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____ ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured Aortic</b> DUE TO (c) <b>Aneurysm</b>		
<b>18. CAUSE OF DEATH</b> (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH _____		
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____			
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____			
<b>21a. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>21f. HOW DID INJURY OCCUR?</b> <span style="float: right; font-size: 2em;">451X</span>					
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:10 A.M.</b>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Patrick E. Taylor, Counsel</b>		<b>23b. ADDRESS</b> <b>1300 Clark</b>		<b>23c. DATE SIGNED</b> <b>6. 3. 50.</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>June 5, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>W. W. Womley</b> <b>3840 Lindell Blvd.</b>			
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JUN 3 1953</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>W. W. Womley</b> <b>3840 Lindell Blvd.</b>			

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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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm S. Saffer.....

Licensed Embalmer No. 469.....

P. O. Address St Charles.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.