

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34530**

No. 300
10-58

FILED OCT 2 - 1953
67560

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2423

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS COUNTY</u>	
c. LENGTH OF STAY (In this place) <u>40 MIN.</u>		d. STREET ADDRESS (If rural, give location) <u>219 MIDLOTHIAN RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>SHAWN GERARD O'HEARN</u>			4. DATE OF DEATH <u>SEPT. 11 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT. 11 1953</u>		9. AGE (In years last birthday) if under 1 year: Months _____ Days _____ if under 1 mo. Hours _____ Mins. <u>40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY BOY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>RICHARD E. O'HEARN</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY JEAN ROTHORN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RICHARD E. O'HEARN</u> ADDRESS <u>219 MIDLOTHIAN RD</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IMMATUREITY</u>			INTERVAL BETWEEN ONSET AND DEATH: <u>30 MIN.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURE LABOR</u>			<u>3 HOURS</u>
		DUE TO (c) <u>PREMATURE SEPERATION of PLACENTA</u>			<u>6 WKS.</u>
		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 SEPT. 11, 1953, to SEPT. 11, 1953, that I last saw the deceased alive on SEPT 11, 1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George J. Nitzsche M.D.</u>		23b. ADDRESS <u>634 North Grand Blvd.</u>		23c. DATE SIGNED <u>9-11-53</u>	
24a. DATE <u>SEPT. 12 1953</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>9/12/53</u>		REGISTRAR'S SIGNATURE <u>Richard B. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Boeklage</u> ADDRESS <u>6536 Clayton St.</u>	
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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_____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. H. Bocklage*

Licensed Embalmer No. _____

P. O. Address _____

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.