

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13907

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3429

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) Lifetime  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital # 1  
e. STREET ADDRESS (If rural, give location) 226 f  
1503 Newhouse Ave.

3. NAME OF DECEASED a. (First) HAROLD b. (Middle) J. c. (Last) O'ROURKE  
4. DATE OF DEATH (Month) (Day) (Year) April 15, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH March 23, 1901 9. AGE (In years last birthday) 53 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) Yardmaster 10b. KIND OF BUSINESS OR INDUSTRY Railroad  
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jeroniah O'Rourke 13b. MOTHER'S MAIDEN NAME Mary E. Tully 14. NAME OF HUSBAND OR WIFE Helen O'Rourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -  
16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen O'Rourke 1503 Newhouse Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Thrombosis  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Obstructive  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) Hypertension  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 5-10 weeks  
18 yrs  
15 yrs

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 253X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 11-21, 1947 to 4-15, 1954, that I last saw the deceased alive on 4-2, 1954 and that death occurred at 10:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Crossman M.D. 23b. ADDRESS 1413 E. Chestnut St. 23c. DATE SIGNED 4/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-19-54 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. APR 16 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDEMEYER & SON'S 3934 N. 20th Street

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gustav W. Dittler*.....

Licensed Embalmer No. *43*.....

P. O. Address *St. Louis*.....

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.