

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39082**  
Registrar's No. **9158**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN Kirkwood 4783	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
• STREET ADDRESS		(If rural, give location) 745 E. Argonne Ave.			

3. NAME OF DECEASED (Type or Print)		a. (First) Daniel	b. (Middle) J.	c. (Last) O'Leary	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7th 1954	
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5. SEX M <input type="checkbox"/> F <input type="checkbox"/>	6. COLOR (OR RACE) W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14 1887	9. AGE (In years last birthday) 67	10. MONTHS 6	11. DAYS 1	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Electric	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Dennis O'Leary	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Nellie O'Leary
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nellie O'Leary	ADDRESS 745 E. Argonne
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 HRS.  4 yrs.  3 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute posterior and Septal Infarction.		
	ANTECEDENT CAUSES DUE TO (b) Diabetes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Failure			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? 260x
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22. I hereby certify that I attended the deceased from 7-3 1953 to 10-7, 1954 that I last saw the deceased alive on 10-7, 1954, and that death occurred at 12:30 PM from the causes and on the date stated above.

23a. SIGNATURE A. J. Steiner	(Degree or title) MD	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 10-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/54	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. OCT 8 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's	ADDRESS 2849 N. Euclid Ave.
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(Licensed Embalmer's Statement on Reverse Side)

2 + 3

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..... *Albert Mayhew*

Licensed Embalmer No..... *30*

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.