

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39950
Registrar's No. 2603

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5000

1. PLACE OF DEATH a. COUNTY St Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY OR TOWN Lemay	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 40 Year		e. STREET ADDRESS (If rural, give location) 315 E Ripa Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 E Ripa Ave			

3. NAME OF DECEASED (Type or Print)	a. (First) Blanche	b. (Middle) E.	c. (Last) O'Halloran	4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 7th 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10 Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Frank Lorkowski	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND Mr John F O'Halloran
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mr John F O'Halloran	ADDRESS 315 E Ripa Av Lemay Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Diabetes		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/25, 1954, to 11/7, 1954, that I last saw the deceased alive on 11/7, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Michael L. Bartnick M.D.	23b. ADDRESS 7629 So. Broadway	23c. DATE SIGNED 11/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 10 1954	24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cem.	24d. LOCATION (City, town, or county) (State) Lemay, Mo.
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DATE REC'D BY LOCAL REG. 11/9/54	REGISTRAR'S SIGNATURE Harold R. ...	25. FUNERAL DIRECTOR'S SIGNATURE Key Funeral Home	ADDRESS 4100 Lemay Ferry rd Lemayville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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 *Elmo R. Padwel*.....

Licensed Embalmer No. *407*

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.