

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24660

BIRTH NO. 17781-55		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 541		Registrar's No. 1468	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. LENGTH OF STAY (in this place) <b>D.O.A.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LADUE 431</b>		d. STREET ADDRESS (If rural, give location) <b>760 NENT ROAD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. ST LOUIS COUNTY HOSPITAL</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>DONALD</b> b. (Middle) <b>JAMES</b> c. (Last) <b>HALLORAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 27 1955</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB 25, 1955</b>		9. AGE (in years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE - INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS W HALLORAN</b>		13b. MOTHER'S MAIDEN NAME <b>ESTHER GEORGE</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>THOMAS W HALLORAN 760 NENT RD</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>amblyopia causes</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH <b>none</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7955			
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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Herbert R. Domke</b> (Degree or title) <b>Herbert R. Domke, M.D., Local Registrar</b>				23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>7-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JUNE 28, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>		
DATE REC'D BY LOCAL REG. <b>6/27/55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ATOK MATTUARY 889 S BRENTWOOD BLVD CLAYTON 5</b>			

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 .....  
Student Embalmer

Signed.....

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.