

FILED MAR 9 1956

STANDARD CERTIFICATE OF DEATH

2015
State File No. 1811

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1811

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission). a. STATE Illinois b. COUNTY LaSalle	
b. CITY (If outside corporate limits, write RURAL and give town) ST Louis	c. LENGTH OF STAY (In this place) 4 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) LaSalle	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Paul		d. STREET ADDRESS (If rural, give location) 653 4th St. 8120	

3. NAME OF DECEASED (Type or Print)	a. (First) SISTER CECILIA	b. (Middle) ANNIE	c. (Last) O'HARA	4. DATE OF DEATH (Month) (Day) (Year)	Feb 19 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov 29 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	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) Religious	10b. KIND OF BUSINESS OR INDUSTRY Daughter of Charity	11. BIRTHPLACE (State or foreign country) Washington D.C.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George A. O'Hara	13b. MOTHER'S MAIDEN NAME Evelyn Brown	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sister Lucia 653 N 4th LaSalle Ill
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Colon Cancer of colon		INTERVAL BETWEEN ONSET AND DEATH 1
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Recurring Cancer of Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 153x (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 April 19 55 to 2/19/ 1956, that I last saw the deceased alive on 2/19/ 1956 and that death occurred at 6:30pm., from the causes and on the date stated above.

23a. SIGNATURE W. Thompson M.D.	23b. ADDRESS 4952 Maryland Ave	23c. DATE SIGNED 2/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/20/56	24c. NAME OF CEMETERY OR CREMATORY St Vincents Cemetery	24d. LOCATION (City, town, or county) (State) LaSalle Ill
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DATE REC'D BY LOCAL REG. FEB 20 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Cullen Kelly 7267 Natural Bridge
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

James A. Lammus

Licensed Embalmer No.

4142

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 this body is not embalmed, fact should be so stated above.