

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH18412
State File No. 5236

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5236

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) - c. (Last) O'LEARY		4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 10 1905
9. AGE (In years last birthday) 50	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U-S-A			
13a. FATHER'S NAME FRANK MURAWSKI		13b. MOTHER'S MAIDEN NAME FRANCES SZCZLAWINSKI	14. NAME OF HUSBAND/OR WIFE DANIEL J. O'LEARY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DANIEL O'LEARY 2804 S. 18th ST.	
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) Coronary thrombosis Mitral Insufficiency Arteriosclerosis DUE TO (b) Mitral Insufficiency DUE TO (c) Arteriosclerosis 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"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420.1	
22. I hereby certify that I attended the deceased from Jan. 1-1956 to May 15, 1956, and that death occurred at 12:15 P.M. from the causes and on the date stated above. 5-31-56			
23a. SIGNATURE (Degree or title) H.S. Pyne-M.D. H.S. Pyne M.D.		23b. ADDRESS 2752 Cherokee	23c. DATE SIGNED 5-31-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 1 1956	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. MAY 31 1956	REGISTRAR'S SIGNATURE Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutas 2906 Graciel	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....

Samuel C. Will

Licensed Embalmer No. 434

P. O. Address 2906 St. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.