

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26434**  
Registrar's No. **6410**

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 \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **31 St. Louis State Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **2137 0 5100 Arsenal St.**

**3. NAME OF DECEASED**  
a. (First) **Thomas** b. (Middle) \_\_\_\_\_ c. (Last) **O'Mara**  
4. DATE OF DEATH (Month) **July** (Day) **9,** (Year) **1957**

**5. SEX** **Male** **6. COLOR OR RACE** **White**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Divorced**  
**8. DATE OF BIRTH** **8-10-1900**  
**9. AGE** (In years last birthday) **56** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Clerk**  
**10b. KIND OF BUSINESS OR INDUSTRY** **Factory**  
**11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Missouri**  
**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Michael O'Mara** **13b. MOTHER'S MAIDEN NAME** **Josephine Botz**  
**14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**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** **Miss Gertrude O'Mara** **ADDRESS** **4148 N. Grand**

**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.

**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Coronary thrombosis**  
**ANTECEDENT CAUSES**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Generalized arteriosclerosis**  
DUE TO (c) \_\_\_\_\_

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
**420.1**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_

**20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from August 20, 1945, to July 9, 1957, that I last saw the deceased alive on July 9, 1957, and that death occurred at 6:15 a.m., from the causes and on the date stated above.**

**23a. SIGNATURE** **L. Hoffstatter** (Degree or title) \_\_\_\_\_ **23b. ADDRESS** **5100 Arsenal Street** **23c. DATE SIGNED** **7/9-57**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **7-11-57** **24c. NAME OF CEMETERY OR CREMATORY** **SS Peter & Paul Cemetery** **24d. LOCATION (City, town, or county) (State)** **St. Louis, Missouri**

**DATE REC'D BY LOCAL REG.** **JUL 10 57** **REGISTRAR'S SIGNATURE** **Carl Smith MD** **25. FUNERAL DIRECTOR'S SIGNATURE** \_\_\_\_\_ **ADDRESS** **Stock Mortuary, 2117 E. Grand Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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 *Paul A. Wachter*.....

Licensed Embalmer No. *4287*.....

P. O. Address *St. Louis, Mo.*.....

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.