

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042323

211202

STATE FILE NUMBER

FILED VS. DEC 11 1959

Primary Registration District No. Registrar's No.

RECEIVED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HOMER PHILIPS Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>4175 NEWPORT CT.</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>JOHN A. O'HARA</i>			4. DATE OF DEATH Month Day Year <i>DEC. 1 1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>FEB. 16 1898</i>	9. AGE (last birthday) <i>61</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DRIVER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>PEVELY-DAIRY Co Mo</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>	
13a. FATHER'S NAME <i>JOHN O'HARA</i>		13b. MOTHER'S MAIDEN NAME <i>LENA RECHTIEN</i>		14. NAME OF HUSBAND OR WIFE <i>LILLIE O'HARA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT Address <i>LILLIE O'HARA 4175 NEWPORT CT.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>7 hrs.</i>
IMMEDIATE CAUSE (a) <i>Acute coronary occlusion</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary heart disease</i>	
DUE TO (c) <i>420.1</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>None</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>None</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>None</i>	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from *Sept 9, 1957* to *Nov 30, 1959* and last saw him alive on *Nov 29, 1959*
Death occurred at *6:45 P.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>H.E. Oppenheimer, M.D.</i>		22b. ADDRESS <i>35 N. Central Ave, Clayton, Mo</i>		22c. DATE SIGNED <i>Dec 3, 1959</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
<i>REMOVAL</i>	<i>DEC. 5 1959</i>	<i>RESURRECTION CEM.</i>	<i>ST. LOUIS Co, Mo</i>	
24. FUNERAL DIRECTOR <i>Thomas Kutas 2906 Grand</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>DEC 3 1959</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

S.P

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

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.