

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028675

FILED VS JUL 22 1960 318

1003

7162

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 70-yrs.	c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3435 Magnolia		d. STREET ADDRESS (If outside, give location) 3435 Magnolia	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Frank P. O'Hare			4. DATE OF DEATH Month Day Year July 16th., 1960	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/17/1876	9. AGE (last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New Hampton, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Francis P. O'Hare	13b. MOTHER'S MAIDEN NAME Elizabeth Bensberg	14. NAME OF HUSBAND OR WIFE Mrs. Irene Reynolds O'Hare	

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. 188-34-3699	17. INFORMANT Address Mr. Eugene R. O'Hare, 206 E. 30th., N.Y.
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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 6-7 weeks
IMMEDIATE CAUSE (a)	Carcinomatous secondary to	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	carcinoma of stomach	
DUE TO (b)	151x	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.)
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20c. TIME OF INJURY Hour a.m. p.m. 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
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21. I attended the deceased from 1945 to 1960 and last saw him alive on July 2, 1960 Death occurred at 10:00 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Shelved Freedman MD	22b. ADDRESS 607 N. Grand Blvd -	22c. DATE SIGNED 7/18/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7/18/1960	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. JUL 18 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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AFFIDAVIT OF Funeral Director MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. S. Lagen

Licensed Embalmer No. 4699
P. O. Address 3840 Lewis

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