

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		c. CITY OR TOWN ST. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6126 ADKINS		d. STREET ADDRESS (If outside, give location) 6126 ADKINS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LYDIA Middle KARLING Last O'LOUGHLIN			4. DATE OF DEATH Month Nov Day 24 Year 1960			
5. SEX Female	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN OWNER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. Louis Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JULIUS OSWALD		13b. MOTHER'S MAIDEN NAME MARY FIEDLER		14. NAME OF HUSBAND OR WIFE PETER O'LOUGHLIN		
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.		17. INFORMANT Address PETER O'LOUGHLIN 6126 ADKINS		

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 Nov. 1955
IMMEDIATE CAUSE (a) Generalized carcinomatosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) adeno-carcinoma of transverse colon		
	DUE TO (c) 153.1		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) none	
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
21. I attended the deceased from 11/23/38 to 11/24/60 and last saw her ^{him} alive on 11/20/60 Death occurred at 11:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Wm J. Watawa MD		(Degree or title)		22b. ADDRESS 3804 Wilmington Ave	22c. DATE SIGNED 11/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov 28, 1960	23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM.		23d. LOCATION (City, town, or county) (State) ST. Louis Mo	
24. FUNERAL DIRECTOR Thomas Rutz 2906 Gravois		ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 28 1960	26. REGISTRAR'S SIGNATURE Earl Smith M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Delivered to 3806 Wilmington
Dr. will sign letter in
enclosing and will call them
for someone to pick up.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906

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