

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECD APR 10 1939

11247
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
 (b) Township Wall Primary Registration District No. 5574
 (c) City Desoto Mo (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 450 Paris O'Haller R. P. No 2 - Desoto Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 68 11 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeton Mo

FATHER 13. NAME Pat O'Haller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not knowing

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Martha Sutters R. No 2 Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Mar 10 1939

19. FUNERAL DIRECTOR (ADDRESS) Motherhead Desoto - Mo

20. FILED 4-5 1939 Geneva Dorell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to Mar 8, 1939. I last saw him alive on Mar 7, 1939. Death is said to have occurred on the date stated above, at 4, m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from ruptured aortic aneurysm Date of onset 1937

Other contributory causes of importance: gb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no.
 If so, specify _____

(Signed) J. P. Dorell, M.D. (Address) Desoto, Mo

V. S. NO. 2. 50M-7-20-37 X 12004
 MAKE SURE RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)