S. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20440

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5388

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS. MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3910. GREER. AVE 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town ST LOUIS. 10
(If outside city or town limits write "RURAL")

(d) Street No. 3910 GREER AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ANNE. O'MARA 560

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife EDWARD. O'MARA.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC. (Month) 31ST (Day) ~~1862~~ 1870 (Year)

8. AGE: Years 69 ~~77~~ Months 5 Days 19 If less than one day hr. min.

9. Birthplace IRELAND. (City, town, or county) 5 (State or foreign country)

10. Usual occupation AT. HOME

11. Industry or business 5

FATHER
12. Name MICHAEL. HEALY 1
13. Birthplace IRELAND. (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name ANN FEEHAN
15. Birthplace IRELAND. (City, town, or county) (State or foreign country)

16. (a) Informant Rev. Jos. M. O'Mara.
(b) Address 7324 BALSON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-24-1940 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director L. M. Mullen
(b) Address 5665 DELMAR BLVD.

19. (a) JUN 23 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 5, 1940 to June 20, 1940; that I last saw her alive on June 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation — Duration 24 hrs.

Due to Arteria Sclerosis

Due to Coronary ~~ar~~ arterial sclerosis
Chronic myo. Carditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. G. Kremming (M. D. or other)
Address 4568 Harris Av. Date signed

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John Kettler

Licensed Embalmer No. 3880

P. O. Address .....

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 this body is not embalmed, above space should be left blank.