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

AUG SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27326

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7222

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: MISSOURI PACIFIC HOSPITAL (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) 21 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 23 (If outside city or town limits write "RURAL")

(d) Street No. 1807 NEBRASKA. AV. (If rural, give location)

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

8. (a) PRINT FULL NAME THOMAS. O'DRISCOLL, SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. ~~AO~~ 702-16-3622

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET O'DRISCOLL

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased FEBRUARY 10 1879 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation ISPECTOR.

11. Industry or business MISSOURI PACIFIC R.R.

FATHER
12. Name DANIEL O'DRISCOLL 5
13. Birthplace IRELAND. 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET 5
15. Birthplace IRELAND. 5 (City, town, or county) (State or foreign country)

16. (a) Informant Margaret O'Driscoll

(b) Address 1807 Nebraska av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 29 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av

19. (a) AUG 27 1940 (Date received locally) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1940 hour 4. minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion, Arteriosclerosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Joseph M. Lieu (M. D. or other)

Address Deputy Co. 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.....Jos B Wollmer.....

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette Ave

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.