

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Adm. 10/1/41.
 In this community unknown.
 years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3637 Hickory Street
 (If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country -

3. (a) PRINT FULL NAME

Thomas B. O'Halloran

3. (b) If veteran,

name war World War

3. (c) Social Security

No. Yes - not

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased November 25, 1891
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>11</u>	<u>7</u>	hr. min.

9. Birthplace St. Louis, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk.

11. Industry or business -

12. Name John O'Halloran

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Bridget Gately
 (City, town, or county) (State or foreign country)

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schuler
 (b) Address Clinical Clerk, VAF, Jeff. Bk., Mo

17. (a) BURIAL (b) Date thereof NOV 5 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

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

(b) Address 3125 Lafayette Ave.

19. (a) NOV 4 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd,
 year 1941 hour 6:45 minute a.m.

21. I hereby certify that I attended the deceased from October 1, 1941 to November 2, 1941
 that I last saw h. im alive on November 2, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma, left kidney with metastases to chest. Duration Unkn.

Due to -

Due to -

Other conditions -
 (Include pregnancy within 3 months of death)

Major findings: Resection of tumors, chest wall, 10/7/41.

Of autopsy No 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) no

(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? -

While at work? - (Specify type of place) (Specify means of injury)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 11/3/41.

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

2
-41
-39
K26390

NOV 11 1941

36128

Thomas B. O'Halloran

World War

Yes - not remembered

male

white

divorced

November 25, 1891

Years	Months	Days	If less than one day
49	11	7	hr. min.

St. Louis, Missouri.

Clerk.

John O'Halloran

Ireland

Bridget Gately

Ireland

M. Schuler

Clinical Clerk, VAF, Jeff. Bk., Mo

BURIAL

NOV 5 1941

CALVARY CEM.

E. J. Schmur

3125 Lafayette Ave.

NOV 4 1941

[Signature]

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23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 11/3/41.

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.....

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address.....

3125 La Juyette

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, fact should be so stated above.