

FILED Mar 24 1942

1003

Registration District No. 291

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **3 Weeks**
(Specify whether
In this community..... **3 Weeks**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **020**
(c) City or town..... **St. Louis** **6 17**
(If outside city or town limits, write "RURAL") **6 9**
(d) Street No. **5119 Ridge Ave** **0**
(If rural, give location)
(e) Citizen of foreign country?..... **Yes** (Yes or No)
If yes, name country..... **Ireland**

3. (a) PRINT FULL NAME **Thomas O'Dea**

3. (b) If veteran, name war..... 3. (c) Social Security No. **493-10-9252**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Bridget** 6. (c) Age of husband or wife if alive..... **62** years

7. Birth date of deceased..... **Dec 20th. 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **2** **4** hr. min.

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

10. Usual occupation..... **Street Car Conductor**

11. Industry or business..... **Public Service Co**

MOTHER FATHER

12. Name..... **Thomas O'Dea**

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

14. Maiden name..... **Bridget Poor**

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

16. (a) Informant..... **Bridget O'Dea**

(b) Address..... **5119 Ridge Ave**

17. (a) **Burial** (b) Date thereof..... **3/4/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cent**

18. (a) Signature of **Honigson & Sheahan Und Co**

(b) Address..... **4415 Washington Blvd**

19. (a) **MAR 3 1942** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **1st.**
year..... **1942** hour..... **8:45** PM minute..... M.

21. I hereby certify that I attended the deceased from..... **2-15-1942** to..... **3-1-1942**
that I last saw him alive on..... **3-1-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage

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?

While at work?..... (Specify type of place) Means of injury.....

23. Signature..... **Cap. Rios** (M. D. or other).....
Address..... **3604 Washington** Date signed..... **3-3-42**

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

~~Dr. H. H. Leonard~~
~~3720 W. 11th St.~~
11-2
4-6 Room

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: Homer W. Tutty
Licensed Embalmer No. 3882
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, fact should be so stated above.