

FILED JUN 14 1943

Registration District No. Primary Registration District No. 1003 Registrar's No. 5110

1. PLACE OF DEATH:

(a) County St. Louis
(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. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2835a Salena Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sybil C. O'Hearn

3. (b) If veteran, name war - 3. (c) Social Security No. 494-24-4940

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife John O'Hearn 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 24 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 7 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Jacob Wegman
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Roettgers
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rosemary Carron
(b) Address 2835a Salena St

17. (a) Burial (b) Date thereof June 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Haden ...
(b) Address 3634 Gravois Ave.

19. (a) JUN 3 1943 J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 st.
year 1943 hour 3 minute 30 p.m.

21. I hereby certify that I attended the deceased from May 1, 1943, to May 31, 1943 that I last saw her alive on May 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis
Due to: Operation
Due to: Tuberculous Peritonitis, non-malignant
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Peritonitis
Of autopsy: Peritonitis, tuberculous

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) (c) Means of injury
23. Signature J. F. Medeck (M. D. or other) MO
Address 1803 ... Date signed 6-27-43

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

SEP 10 1943

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 Robert C. Wheeler
Licensed Embalmer No. 2178
P. O. Address St. Louis, Mo.

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.