

**FILED OCT 2 - 1943**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8400**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Infirmery**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr 7 mo 23 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Elizabeth O'Rourke**

3. (b) If veteran, name war **UNKNOWN**  
3. (c) Social Security No. **UNKNOWN**

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

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **26** years  
7. Birth date of deceased **March 26, 1877**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 5 19** hr. min.

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

10. Usual occupation **None**

11. Industry or business **Unknown**

MOTHER FATHER  
12. Name **John O'Rourke**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jennie O'Rourke**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha Geagland**

(b) Address **5800 Arsenal Street**

17. (a) **BURIAL** (Burial, cremation, or removal)  
(b) Date thereof **9-23-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **William Kelly**

(b) Address **1416 N. Taylor Ave.**

19. (a) **SEP 22 1943** (Date received local registrar)  
(b) **J.F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17 9**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **City Infirmery** **139**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **American**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **15**  
year **1943** hour **11:40 A.M.** minute **1** M.

21. I hereby certify that I attended the deceased from **March 1**  
**1943** to **Sept. 15** 19 **43**  
that I last saw h. **la** alive on **Sept. 15** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Primary ca of liver**  
Duration **1 1/2 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **none**

Of autopsy **ca of liver, bloodstains**  
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) (e) Means of injury \_\_\_\_\_

23. Signature **A. G. Kuntz** (M. D. or other) **MD**

Address **5800 Arsenal St.** Date signed **9/20/43**

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

**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

*James A. Lammer*

Licensed Embalmer No.

*24142*

P. O. Address:

*St. Louis*

**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.**