S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8354

Registration District No. FILED MAR 3 1944

Primary Registration District No. 3069

Registrar's No. 529

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 5112a Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John J. O'Hearn

3. (b) If veteran, name war None

3. (c) Social Security No. 489-03-7958

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ellen O'Hearn

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb (Month) 15 (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 12 If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Transfer Helper

11. Industry or business Worked for L. M. Kenny

FATHER
12. Name John O'Hearn
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Bridget Lydon
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Ellen O'Hearn
(b) Address 5112a Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 2 -44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 1- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1944 hour 8 minute P.M. M.

21. I hereby certify that I attended the deceased from Feb 17 1944 to Feb 27 1944
that I last saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cholemia — Terminal Bronchial Pneumonia

Due to Carcinoma of Gall Bladder

Due to with metastases General

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 [signature] (M. D. or other)
Address [illegible] Date signed 28/44

(Licensed Embalmer's Statement on Reverse Side)

Dr J. F. Clancy 1-3
2 Bldg

MAR 24 1944

SEP 10 1945

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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.