

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5611**

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:
3857 Kennedy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3857 Kennedy (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John J. O'Loughlin
3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4, 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hamster
11. Industry or business Retired

12. Name Anthony O'Loughlin
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Connelley
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. O'Loughlin
(b) Address 3857 Kennedy
17. (a) Burial (b) Date thereof 6/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Joseph A. Howard
(b) Address 229 S. Grand
19. (a) JUN 21 1944 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 44 hour 5 minute A M.
21. I hereby certify that I attended the deceased from June 19, 1944 to June 19, 1944;
that I last saw him alive on June 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy Duration 1 yr
Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) 82

Major findings:
Of operations _____
Of 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) _____
(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. Scopelito (M. D. or other) _____
Address 2222 Grand Date signed 6/29/44

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

MOTHER FATHER

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.....

Joe A. Howard

Licensed Embalmer No.

4139

P. O. Address.....

4212 S. 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.