

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 8 1948 18**  
STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. **6230**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **One month**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **12**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **97**  
(d) Street No. **4758 West Florissant**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Cornelia O'Leary**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Aug** day **1** year **1948** hour **2** minute **00** M.  
**21. I hereby certify that I attended the deceased from** **July, 43**  
\_\_\_\_\_, 19\_\_\_\_, to **Aug 1**, 19\_\_\_\_  
that I last saw h. **sv** alive on **July 13, 1944**  
and that death occurred on the date an hour stated above.

**4. Sex** **Female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced, widowed**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

Immediate cause of death  
**atherosclerotic coronary heart disease**  
Duration \_\_\_\_\_

**7. Birth date of deceased** **June 30, 1883**  
(Month) (Day) (Year)

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

**8. AGE:** Years **61** Months **1** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions **hypertension**  
(Include pregnancy within 3 months of death)  
**P. V. myxedema**

**9. Birthplace** **St. Louis, Mo.** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Housewife**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **George Schutz**  
**13. Birthplace** **St. Louis, Mo.** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Mary Ann McCarthy**  
**15. Birthplace** **St. Louis, Mo.** (City, town, or county) (State or foreign country)

**Major findings:** **myxedema**  
Of operations \_\_\_\_\_  
Of autopsy **none**

**16. (a) Informant** **Richard O'Leary**  
**(b) Address** **4758 West Florissant**  
**17. (a) Burial** **(b) Date thereof** **Aug. 4, 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Calvary Cemetery**  
(c) Place: burial or cremation \_\_\_\_\_

**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? \_\_\_\_\_

**18. (a) Signature of funeral director** **Bromschwig Und. Co**  
**(b) Address** **4746 West Florissant**  
**19. (a) AUG 2 1948** **J. F. Bredner**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
**23. Signature** **J. F. Bredner** **2739 No. Grand**  
(M. D. or other) (Date signed **9-1-44**)

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

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**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

*W. W. Wilkinson*

Licensed Embalmer No.

3575

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.**