S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6776

Registration District No. FILED MAR 11 1947 318

Primary Registration District No. 1003

Registrar's No. 2021

1. PLACE OF DEATH:

(a) ~~County~~ City of

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Flower Retreat 5
2500 South 18th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept. 5, 1946 (Specify whether
In this community January 1, 1946
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Perry 79

(c) City or town Perryville
(If outside city or town limits, write "RURAL")

(d) Street No. 310 Walnut NR
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Mary Amelia O'Mara.

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband Jos. Vincent

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

7. Birth date of deceased Jan. 13, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife Retired.

11. Industry or business Home.

FATHER
12. Name Peter Brown 0
13. Birthplace Perryville Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cissell
15. Birthplace Perryville Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Grace Guth
(b) Address 5557 Cates

17. (a) Removal (~~Burial, cremation, or~~ removal) (b) Date thereof 2-23-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Hope Cemetery

18. (a) Signature of funeral director Bey Funeral Home
(b) Address Perryville Mo.

19. (a) FEB 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd
year 1947 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1946, 19__, to February 23, 1947, that I last saw her alive on February 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage Hemiplegia	6 hrs.
Due to Chronic Hypertensive cardio vascular disease. know	7 yrs.
Due to Non specific aortitis & myocarditis.	20 yrs +
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy None.

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(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 0

23. Signature Fred W. Clark (M. D. or other) Lic. 10.
Address 864 Hamilton Blvd Date signed 2-24-47
St. Louis 12, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Leroy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville 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.