No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19217

FILED JUN 5 1947 #71420

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5152

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

1. PLACE OF DEATH:

(a) County

(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: ST. LOUIS CITY HOSPITAL-MAX C. STARKLOFF MEMORIAL
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 600

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

(d) Street No. 3510 Harper St
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME KATE O'LOUGHLIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John T. O'Loughlin

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

7. Birth date of deceased April (Month) 1st (Day) 1874 (Year)

8. AGE: Years 73 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Lake Co (City, town, or county) Ind (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Conrad Elbert
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dora Smith
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant W. R. O'Loughlin
(b) Address 3510 Harper St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Friedmeyer & Sons
(b) Address 2934 N 20 St

19. (a) MAY 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1947 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 5/17/47, 19, to May 22nd, 1947 that I last saw her alive on May 22nd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery heart

Due to Disease

Due to Decompensation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

95 C

PHYSICIAN

Underline the cause of 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 (Name of injury)

23. Signature [signature] 1515 Lafayette 5/22/47 (M.D. or other)

Address Date signed

Jefferson City Printing Co.

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St.

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.