

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19218

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1790**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5208 Maffitt Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6 5208 Maffitt Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bryan J. O'Mara

3. (b) If veteran, name war World War # I 3. (c) Social Security No. 452-05-2216

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct. 11 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>7</u>	<u>1</u>	hr. min.

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

10. Usual occupation Mechinist

11. Industry or business.....

MOTHER FATHER { 12. Name Bryan O'Mara

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Downey

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Nonie O'Mara

(b) Address 5208 Maffitt Ave

17. (a) Burial (b) Date thereof 5/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAY 12 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1947 hour 3 minute a M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 12, 1947
that I last saw him alive on May 5, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 1 day

Due to Hypertension, cardio vascular renal disease 1 yr +

Due to.....

Other conditions 1 1/2 hr
(include pregnancy within 3 months of death)

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) (e) Means of injury.....

23. Signature Stroot - Carroll (M. D. or other)

Address 1117 N. Grand Date signed May 17 1947

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

JUN 18 1947

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Ben Hoffman*

Licensed Embalmer No. *H 366*

P. O. Address. *St. Louis, 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.