

S. No. 2
-12-45
5-17-39
P 1 X47070

FILED JUN 23 1948

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5843

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street address and location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth O'Leary.
3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David O'Leary. 6. (c) Age of husband or wife if 47 years
7. Birth date of deceased April 5 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 8 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business Gill lines.

MOTHER FATHER { 12. Name St. Louis
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Pfeiffer
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant David O'Leary
(b) Address 4435 Ashland Ave.

17. (a) Burial. (b) Date thereof June 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director J. J. Quinn
(b) Address 1339 Union Blv'd.

19. (a) JUN 15 1948 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County STO
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4435 Ashland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 30, 1947, to June 13, 1947.

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____

Due to _____

Due to _____

Other conditions Hb
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach

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 W. A. Brown (M. D. or other) _____
Address 3903 Plain Date signed 6/14/47

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

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 *Rex E. Campbell*.....

Licensed Embalmer No. *3881*.....

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.