

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 22 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24593
State File No. 6139
Registrar's No.

Primary Registration District No. 1003

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

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: St. Anthony
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3861 rlad (If rural, give location) 9
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Richard R. O'Shaughnessy
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann
6. (c) Age of husband or wife if alive 29 years 1876
7. Birth date of deceased May 29 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9
year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 8, 1948
to July 9, 1948
that I last saw him alive on July 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction Bowel of Day
Due to Bands.
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 1 Days 10
If less than one day _____ hr. _____ min.
9. Birthplace Ireland (City, town, or county) (State or foreign country) -4
10. Usual occupation Retired fireman

Major findings: Of operations Same
Of autopsy Same
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name James O'Saughnessy
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Ellen Kelly (City, town, or county) (State or foreign country) 4
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Ann O'Saughnessy
(b) Address 3861 rlad
17. (a) Burial (b) Date thereof July 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.
19. (a) JUL 10 1948 J. F. Medeck
(Date received local registrar) (Registrar's signature)

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 H. M. Freund (M. D. or other)
Address 1703 S Grand Date signed 7/10/48

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 *J. W. M. Binkley*
Licensed Embalmer No. *3653*
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.