

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5. No. 300
v. 10.48

FILED MAR 19 1949

State File No. 2047
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY OR TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN _____		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
2916 Union Blvd.				2916 N. Union Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year)				
William O'Meara			Mar. 3 1949				
5. SEX _____		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH _____	
male		white		single		May 15 1883	
9. AGE (in years last birthday) _____		10. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____	
65		shoe factory		Cincinnati Ohio			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			11. BIRTHPLACE (State or foreign country) _____			12. CITIZEN OF WHAT COUNTRY? _____	
Shoe worker			shoe factory			Cincinnati Ohio	
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE _____	
Michael O'Meara			Emma Meyer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____		
					Henry O'Meara 6968 Hillslan d Av		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____						INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES _____							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____							
DUE TO (b) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS _____							
Conditions contributing to the death but not related to the disease or condition causing death. _____							
Circosis of Liver							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE _____ (Degree or title) _____		23b. ADDRESS _____			23c. DATE SIGNED _____		
Joseph M. Quinn		1300 Clark			3/4/49		
24a. BURIAL CREMATION, REMOVAL (Specify) _____		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) _____ (State) _____	
burial		3-7-49		Lake Charles		St. Louis Co. Mo.	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____		
MAR 4		J. B. Pasater			Drehmann-Harral 1905 Union Blvd		

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

Carver

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Warren A Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

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.