

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25586

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>217</u>	PRIMARY REG. DIST. NO. <u>40464</u>	Registrar's No. <u>1815</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland - Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland - Mo.</u>		
c. LENGTH OF STAY (If in place) <u>3 1/2</u> yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3406 Brown Road</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3406 Brown Road</u>		e. STREET ADDRESS (If rural, give location) <u>3406 Brown Road.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>O'Leary</u>		c. (Last) <u>.....</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 27th 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 1880 '69</u>	9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Thomas Leahy</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Walsh</u>	14. NAME OF HUSBAND OR WIFE <u>John O'Leary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R. H. Wurz</u> ADDRESS <u>EN 3406 Brown Rd</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Diabetes Mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hepatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>10 yrs.</u> <u>10 yrs</u>
19a. DATE OF OPERATION <u>7/28/50</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Overland St. Louis Co Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>		
22. I hereby certify that I attended the deceased from <u>April 10, 1948</u> to <u>7/27/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/27</u> , 19 <u>50</u> , and that death occurred at <u>8:35 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>D. Arnold H. Wurger MD</u> (Degree or title)		23b. ADDRESS <u>3406 Brown Rd</u>		23c. DATE SIGNED <u>7/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 31st 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-50</u>	REGISTRAR'S SIGNATURE <u>Herbert L. Donkhauser</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Bruchler</u> ADDRESS <u>2218 State St. St. Louis</u>		

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

712 X

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**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 EM

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. H. Baldwin

Licensed Embalmer No. 2426

P. O. Address E. St. Louis

**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.