

FILED MAY 12 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15166

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 971	
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) Normandy, 21			c. LENGTH OF STAY (In this place) 1 Month	c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis			2069
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home				d. STREET ADDRESS (If rural, give location) 5155 Terry Avenue (15)			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First)		b. (Middle)		c. (Last) O'Hearn	
4. DATE OF DEATH April 12th, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 13th, 1875		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supervisor		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John O'Hearn		13b. MOTHER'S MAIDEN NAME Mary Mc Laughlin		14. NAME OF HUSBAND OR WIFE Katherine O'Hearn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Katherine O'Hearn, 5155 Terry Avenue (15)		ADDRESS (15)	
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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 1) Pulmonary emphysema 2) Senility 3) Blind eye					INTERVAL BETWEEN ONSET AND DEATH 1 week 5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				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)			
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 March 15, 1957, to April 12, 1957, that I last saw the deceased alive on April 10, 1957, and that death occurred at 3:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Levey Littmann MD				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 4/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 4/14/51		REGISTRAR'S SIGNATURE Hubert P. Domb		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.			

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ralph C. Lyndes

Licensed Embalmer No. 4275

P. O. Address 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.