

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6635

State File No.

BIRTH FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1031

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>2127</u>
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>12 1237 N. Kingshighway Blvd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle) <u>M.</u>	c. (Last) <u>O'Leary</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1954</u>
-------------------------------------	---------------------------	--------------------------	-----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 27, 1892</u>	9. AGE (In years last birthday) (Month) (Day) (Year) <u>61 7 4</u>
-------------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>B. & O. Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton Illinois</u>	12. CITIZEN OF WHAT COUNTRY?
--	--	--	------------------------------

13a. FATHER'S NAME <u>Michael O'Leary</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Delaney</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>705-09-0950</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth O'Leary</u>	ADDRESS <u>East St. Louis, Villa Griffin 5 H Illinois</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		<u>3 mos</u>
	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. <u>General abdominal metastases of carcinoma of colon</u>			<u>3 mos</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>of colon</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>153X</u>
--	--	---

22. I hereby certify that I attended the deceased from 3-11, 1949, to 1-31, 1954, that I last saw the deceased alive on 1-31, 1954, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank A. Bailey M.D.</u>	23b. ADDRESS <u>3108 N. Grand Blvd</u>	23c. DATE SIGNED <u>2-1-54</u>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>FEB 2 1954</u>	REGISTRAR'S SIGNATURE <u>Charles H. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. P. ...</u>	ADDRESS <u>1225 Union</u>
---	--	--	------------------------------

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin L. Kerppe*

Licensed Embalmer No. *405*

P. O. Address *3505 Ga*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

St. Louis 20,