

FILED JUL 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **21062**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5606**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2157				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 0		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				e. STREET ADDRESS (If rural, give location) 15 3661a Bates St.,				
3. NAME OF DECEASED (Type or Print) a. (First) James D. O'Rourke b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1954					
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Mar. 13, 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 HRs. Hours	IF UNDER 1 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10b. KIND OF BUSINESS OR INDUSTRY Stationary		11. BIRTHPLACE (City and State or Foreign Country) Michigan /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Frank O'Rourke			13b. MOTHER'S MAIDEN NAME Anna OConnors		14. NAME OF HUSBAND OR WIFE Irma O'Rourke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and date of service) no no			16. SOCIAL SECURITY NO. 89-03-1698		17. INFORMANT'S SIGNATURE OR NAME Irma O'Rourke			ADDRESS 3661a Bates St.,
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 hr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY YES <input checked="" 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) 204.1				
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?				
22. I hereby certify that I attended the deceased from Mar 1, 1954 , to June 21, 1954 , that I last saw the deceased alive on June 21, 1954 , and that death occurred at 6052 m. , from the causes and on the date stated above.								
22a. SIGNATURE (Degree or title) W. J. McNamee M.D.				22b. ADDRESS 7619a Ivory Ave.		22c. DATE SIGNED 6-22-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-25-54		24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		
DATE REC'D BY LOCAL REG. JUN 23 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		FEDERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 4512

P. O. Address 6322 So. St.

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.