

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 2 - 1955

0427

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 1/2 months		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital 0		STREET ADDRESS (If rural, give location) 0157 4453 Miami Street			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) P. c. (Last) O'Hara		4. DATE OF DEATH (Month) (Day) (Year) January 14, 1955			
5. SEX Male <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 23, 1886	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Automobile Painting		11. BIRTHPLACE (City and State or Foreign Country) Ruma, Illinois.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles O'Hara		13b. MOTHER'S MAIDEN NAME Ellen Carter	
14. NAME OF HUSBAND OR WIFE Elenore R. O'Hara (nee Clarke)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-03-2739	
17. INFORMANT'S SIGNATURE OR NAME Mr. Maurice L. Kelly, 6526 Devonshire		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized carcinomatosis *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) Generalized carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 mo. 2 years	
19a. DATE OF OPERATION Oct 15, 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153x	
22. I hereby certify that I attended the deceased from Oct 15, 1953 , to Jan 14, 1955 , that I last saw the deceased alive on Jan 14, 1955 , and that death occurred at 11:00p m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. J. Evensoll		23b. ADDRESS M. J. O. 6356 Clayton Rd. St. Louis Mo		23c. DATE SIGNED Jan 15, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery	
24d. LOCATION (City, town, or county) (State) Ruma, Illinois		DATE REC'D BY LOCAL REG. JAN 17 1955		REGISTRAR'S SIGNATURE J. Carl Smith mo	
25. FUNERAL DIRECTOR'S SIGNATURE G. Hoffmeister Colonial Mortuary, Chippewa		ADDRESS 6464			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. N. J. Eversole,
6356 Clayton Road

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 *Lenius C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. ...*

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.