

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10021

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2019					
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 town(ship)) OR TOWN ST. LOUIS		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"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				STREET ADDRESS (If rural, give location) 4758 W. Florissant				2019			
3. NAME OF DECEASED (Type or Print) ROBERT			a. (First) _____		b. (Middle) A.		c. (Last) O'LEARY				
4. DATE OF DEATH MARCH 3, 1955		(Month) _____ (Day) _____ (Year) _____		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Sept. 2, 1902		9. AGE (in years last birthday) 52		IF UNDER 1 YEAR Months 6 Days 0		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener				10b. KIND OF BUSINESS OR INDUSTRY O'Leary Gardening		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John O'Leary			
13b. MOTHER'S MAIDEN NAME Mary Lanigan				14. NAME OF HUSBAND OR WIFE Deceased		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. 497-20-0302				17. INFORMANT'S SIGNATURE OR NAME Dennis O'Leary				ADDRESS 4529 Aubert Ave.			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART Disease 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.				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____				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) _____		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? 4200				22. I hereby certify that I attended the deceased from 2-28-55 , 19____, to 3-3-55 , 19____, that I last saw the deceased alive on 3-3-55 , 19____, and that death occurred at 12:01A m., from the causes and on the date stated above.					
23a. SIGNATURE Neil J. Guelaphu m.d. (Degree or title)				23b. ADDRESS 1515 Lafayette A-venue		23c. DATE SIGNED 3-3-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-5-55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis Missouri (State) _____					
DATE REC'D BY LOCAL REG. MAR 4 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Brömschwig & Son		ADDRESS 4746 W. Florissant Ave					

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.....

Ray W. Wilkinson

Licensed Embalmer No. 35

P. O. Address *A. Lane*

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.