

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7016

State File No. ....

FILED MAR 5 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **01767**

|  |                               |   |  |   |  |   |   |
|--|-------------------------------|---|--|---|--|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>01767</b>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY _____  |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>ST LOUIS,</b>  |                               | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <b>ST LOUIS,</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4517 FOREST PARK</b>  |                               |   |  | e. STREET ADDRESS (If rural, give location) <b>19 4517 FOREST PARK</b>  |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>NELLIE</b>  |                               | b. (Middle) <b>B.</b>   |  | c. (Last) <b>O'HARE</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>FEB, 17, 1956</b>  |   |
| 5. SEX <b>FEMALE</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>   | 8. DATE OF BIRTH <b>1/15/1868</b>              |   | 9. AGE (In years last birthday) <b>87</b>        | IF UNDER 1 YEAR Months _____ Days _____   | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>NEW ORLEANS LA.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>CORNELIUS TALTY</b>  |                               |   | 13b. MOTHER'S MAIDEN NAME <b>BRIDGET DOLAN</b> |   | 14. NAME OF HUSBAND OR WIFE <b>DANIEL O'HARE</b> |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |                               | 16. SOCIAL SECURITY NO. <b>NONE</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>DANIEL J. O'HARE</b> ADDRESS <b>1202 HOLLY AVE</b>   |  |   |   |
| 18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b><br>ANTECEDENT CAUSES <b>Senility, old age</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Incontinence</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <b>Generalized Weakness</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  |   |
| 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) <b>Accident</b>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |  | 21d. HOW DID INJURY OCCUR? _____  |   |
| 21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 22. I hereby certify that I attended the deceased from <b>Feb 16</b> , 19 <b>56</b> , to <b>17 Feb</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Feb 16</b> , 19 <b>56</b> , and that death occurred at <b>6:45</b> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE <b>Edward P. Heed M.D.</b>  |                               | 23b. ADDRESS (Give or title) <b>1918 East Chaudhli</b>  |  | 23c. DATE SIGNED <b>18 Feb 56</b>   |  |   |   |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>   |                               | 24b. DATE <b>2/20/56</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>  |   |
| DATE REC'D BY LOCAL REG. <b>FEB 20 1956</b>  |                               | REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</b>  |  |   |   |

WRITE PLAINLY - USING UNFADEING BLACK INK - MAKE A PERMANENT RECORD

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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 *M W Rueter*.....

Licensed Embalmer No. *4865*.....

P. O. Address *St Louis Mo*.....

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.