

FILED FEB 24 1947
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 1536

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Nelle O'Leary
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paul A. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 12, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	7	1	hr. _____ min.

9. Birthplace Farrington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
12. Name Matthew Shields
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Cunningham
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul O'Leary
(b) Address 5661 Enright

17. (a) Burial (b) Date thereof 2 - 15 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bredek
(b) Address 1225 Union Blvd.

19. (a) FEB 14 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 517
(d) Street No. 5661 Enright
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1947 hour 7:57 A Minute A M.
21. I hereby certify that I attended the deceased from Oct 1
1946 to Feb 13 1947
that I last saw her alive on Feb 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left lung 3 Mo
Myocarditis 3 Mo
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) MI

Major findings: Of operations _____
Of autopsy Yes
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. S. Norman (M. D. or other) _____
Address 4903 Delmar Date signed Feb 13/47

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Henry H. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.