

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26505

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **City Hospital & 1**)

File No.....
Registered No. **7658**
St..... Ward.....

2. FULL NAME

Maurice O'Connor

(a) Residence, No. **4571 Ruskin Ave St. 7** Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Amelia O'Connor**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4 - 1862**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	4	4	191

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Horse Shoer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Cornelius O'Connor**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Hanora Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Miss Michael Murphy**
(ADDRESS) **4571 Ruskin Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **July 10 1911**

19. UNDERTAKER **Arthur J. Donnelly**
(ADDRESS) **2039 West 8th**

20. FILED **1911 July 10** **Max C. Kelly** Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9 1911**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **8 P.** m.

The principal cause of death and related causes of importance were as follows:
1911

Heart Prostration

Other contributor causes of importance:

1911
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) **John P. Kelly** M.D.
John P. Kelly Registrar

N. B.—Every item of information should be carefully supplied. AGE shown or stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Uyeronen B. H. Ice

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