

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

Do not use this space.

24942

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City St. Louis (No. 5651) Mauffitt ave

File No.....
Registered No. 7117
St..... Ward)

2. FULL NAME

Anna T. O'Connor
(a) Residence, No. 5651 Mauffitt ave St. 6 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jama. J. O'Connor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 - 1869</u>		
7. AGE <u>63</u> -	YEARS <u>5</u>	MONTHS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
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) <u>Ill</u>		
13. NAME <u>Jos. Keeger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S. Ia</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>James J. O'Connor</u> <u>5651 Mauffitt ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Aug 3</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Edw. H. Howard & Son</u> <u>4212 St. Louis ave</u> <u>AUG - 1 1932</u>		
20. FILED 19 <u>32</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1931 to July 31 1932
I last saw her alive on July 31 1932 Death is said to have occurred on the date stated above, at 4.9 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Vesical
Myocarditis Chronic
Metastasis of Carcinoma to lining stomach
Other contributory causes of importance:
Radon implant
Name of operation Radon implant Date of Dec Mar
What test confirmed diagnosis Biopsy 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 ①
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Martyn Schellton M. D.
(Address) 226 University Club Bldg.

Date of onset
about
July
1930

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

