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.

DEC 3 1936

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

Do not use this space.

42800

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ST. LOUIS, MO. Primary Registration District No. 1003

City ..... (No. DEACONESS HOSPITAL St. ..... Ward)

File No. .....

Registered No. 11351

2. FULL NAME THOMAS O CONNOR

(a) Residence, No. 4368 LACLEDE AVE. St., 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 13, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	9	0	

OCCUPATION

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

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, MO.

FATHER

13. NAME THOMAS O CONNOR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRLAND

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) MADELINE ZIMMERMANN 4368 laclede ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEM. DATE NOV. 16, 1936

19. UNDERTAKER (ADDRESS) MULLEN BROS. 4259 LINDELL BLVD.

20. FILED NOV 13 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936, to Nov. 13, 1936

I last saw him alive on Nov. 13, 1936. Death is said to have occurred on the date stated above, at 5:15 P.m.

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

	Date of onset
Fracture of hip	11-11-36

OK [signature] Deputy Coroner 11/14/36

Other contributory causes of importance:

Old Age and Senility

Shock

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? Accident Date of injury Nov 11 1936

Where did injury occur? At his home, St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At his home.

Manner of injury Fell from bed onto floor.

Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature], M. D.

(Address) 933 Arcade Bldg., St. Louis, Mo.