

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **of St. Louis**(No. **Firmin Desloge Hosp.**)File No. **9976**Registered No. **2536**

St. Ward)

2. FULL NAME **Lola Alice O'Connor**(a) Residence, No. **3848 Washington Ave.,**

(Usual place of abode)

19 Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of John A. L'Connor**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 21, 1903**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

33 9 12

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

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) **Bunker**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Andy Lee**

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

MOTHER 15. MAIDEN NAME **Pearl Minor**

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

17. INFORMANT **John A. O'Connor**
(ADDRESS) **3848 Washington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla** DATE **3/5/36**

19. UNDERTAKER **W. W. McLaughlin**
(ADDRESS) **2301 Lafayette Ave.**

20. FILED **MAR 4 1937** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-3**, 19**37**22. I HEREBY CERTIFY, That I attended deceased from **3-2**, 19**37**, to **3-3**, 19**37**.I last saw h.c.r. alive on **3-3**, 19**37**. Death is said to have occurred on the date stated above, at **9:25** a.m.

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

*Broncho. Pneumonia
Purulent Pericarditis
Septicemia organism unknown*

Date of onset

Ymca

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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? **No**

If so, specify.....

(Signed) **G. O. Brown**, M. D.(Address) **Firmin Desloge**

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