

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.

REC'D APR 1 1938

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

8733
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City (d) Street No. DE PAUL HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2322

2. PRINT FULL NAME MARY O'CONNOR 256

(a) Residence, No. 3520 N. 23D, ST St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 WILLIAM O'CONNOR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 6, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
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) INDIANA

FATHER 13. NAME PATRICK DOHERTY

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

MOTHER 15. MAIDEN NAME MARY CURLEE

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

17. INFORMANT WILLIAM O'CONNOR (ADDRESS) 3520 N. 23, ST

18. BURIAL, CREMATION, OR REMOVAL PLACE GALVARY CEMETERY MAR 9, 1938

19. FUNERAL DIRECTOR Goodhart & Goodhart (ADDRESS) 2228 St Louis ave

20. FILED MAR 8 1938 J.P. Budweiser

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1938

I HEREBY CERTIFY, That I attended deceased from January 11th, 1938, to March 6th, 1938 last saw him alive on March 5th, 1938 Death is said to have occurred on the date stated above, at 3 P.M.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Insecticide, was there an autopsy?

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) Andrew J. Gellinger, M. D.

(Address) 2745 N. Grand St

STATEMENT BY LICENSED EMBALMER

I, Charles J. Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Charles J. Goodhart
Licensed Embalmer No. 2777

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.)