

JAN 11 1939

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

40675
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City or St. Louis (d) Street No. City Hospital No. 1 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.

2. PRINT FULL NAME

D. 12089 256
John J. O'Connor
(a) Residence, No. 4317 Forest Park (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine O'Connor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 7 5
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. nil
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) Massachusetts

FATHER 13. NAME John J. O'Connor

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

MOTHER 15. MAIDEN NAME Bridget Curren

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 12-2-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILED DEC 1 1938
J.P. Bredak
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/38
22. I HEREBY CERTIFY, That I attended deceased from 11/17/38 to 11/30/38, 19...
I last saw him alive on 11/30/38 Death is said to have occurred on the date stated above, at 12.05 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
(Bilateral)
Date of onset
Other contributory causes of importance:
MS

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) E.P. Reh M. D.
(Address) City Hospital No. 1

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Alfred S. Poedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Paine Av

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.)

If this body is not embalmed, above space should be left blank.