

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LEO MAY 13 1941 791
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 12836
Registrar's No. 3266

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 15 Days
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 20
(c) City or town St. Louis, Mo
(d) Street No. 2336 Benton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME PATRICK O'CONNOR
3. (b) If veteran, name war no
3. (c) Social Security No. 486-12-578

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14,
year 1941 hour 6:10 minute A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frances O'Connor
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 17 1875

21. I hereby certify that I attended the deceased from April 10, 1941 to April 14, 1941
that I last saw him in alive on April 14, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 27
If less than one day hr. min.

Immediate cause of death hypertensive heart disease
Duration

9. Birthplace St. Louis, Mo

Due to MI
Due to MI

10. Usual occupation Machinist

Other conditions MI
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business self
12. Name John O'Connor
13. Birthplace Ireland
14. Maiden name Brigid Bent
15. Birthplace Ireland

Major findings:
Of operations MI
Of autopsy MI
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Frances O'Connor

22. If death was due to external causes, fill in the following:

(b) Address 2336 Benton

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof April 16 1941

(b) Date of occurrence _____

(c) Place: burial or cremation Galvany

(c) Where did injury occur? _____

18. (a) Signature of funeral director Howard S. ...

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 4719 ...

(e) Means of injury _____

19. (a) ADD 15 1941 (b) J. H. ...

While at work? _____

23. Signature Dr. M. ... (M. D. or other) _____

Address 1515 Lafayette Avenue Date 4/15/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10999

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. Am Binkley*

Licensed Embalmer No. *3653*

P. O. Address *H. Lewis mo.*

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, fact should be so stated above.