No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19784

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4596

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 2709 Clara Ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rev. Patrick David O'Connor

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male ()

5. Color or race White

6. (a) Single, widowed, married, divorced Single ()

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 20 1885 (Month) (Day) (Year)

8. AGE: Years 56 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Missouri () (City, town, or county) (State or foreign country)

10. Usual occupation Catholic Priest

11. Industry or business

FATHER
12. Name John J. O'Connor
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Geahy
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Ellen O'Connor
(b) Address 5065 Page Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUN 2 - 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day May year 1941 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from December 13, 1940, to May 30, 1941; that I last saw him alive on May 30 1941, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 year
Due to: Arteriosclerosis	1½ years
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Charles N Gelmeau (M. D. or other)
Address 5183 Cabanne Ave Date signed 6/2/41

(Licensed Embalmer's Statement on Reverse Side)

Mr. C. M. Buchman
5183 Cabanne
20-1959
Fr. Cody

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 Frank J. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis 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.