

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6944

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1723
(d) Street No. 1508 S. 7th St.
(If rural, give location) 9
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1941 hour 2:50 minute A. M.
21. I hereby certify that I attended the deceased from 1941 to August 25, 1941
that I last saw her alive on August 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy same

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

3. (a) PRINT FULL NAME

Katherine O'Connor

3. (b) If veteran, name war. -- 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 22 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business --

MOTHER FATHER
12. Name Marion Maz
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Lucetta Keller
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Burke

(b) Address _____
17. (a) Cremation (b) Date thereof 8-28-41
(Specify cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White
(b) Address City Hospital

19. (a) AUG 27 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. S. Newber (M. D. or other) _____
Address 1515 Lafayette Date signed 8/25/41

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.