

FILED FEB 24 1947 91

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4006a Palm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4006a Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mattie O'Connor

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Feb. 14, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name James McElevay
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Doyle
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret O'Connor
(b) Address 4009a Palm St.

17. (a) Burial (b) Date thereof Jan. 22, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward J. Nichols
(b) Address 1431 Union Blvd.

19. (a) Jan 21 1947 (b) J. F. Brideau
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19
year 1942 hour 2 minute 50 p. a. M.

21. I hereby certify that I attended the deceased from Jan 19 1942 to Jan 19 1942
that I last saw her alive on Jan 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Corac. Dehation
Duration _____

Due to Chronic Myocarditis

Due to Chronic Nephritis

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

Major findings: _____
Of operations _____
Of autopsy _____

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 Jan 19 1942
(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? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature W. T. Dean (M. D. or other) _____
Address 457 N. New Highway Date signed Jan 20 1942

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

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17
9

457 No. Hempdenway
St. Paul, Minn.

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. W. Carter*
Licensed Embalmer No. 2080
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.