

FILED MAR 17 1942

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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4773

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 1070

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 12 days  
(Specify whether  
In this community..... 40 yrs. 4 mos. 3 das.  
years, months or days)

3. (a) PRINT FULL NAME Ang ela O'Conner

3. (b) If veteran, name war no 3. (c) Social Security No. 489-18-0418

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife. William O'Conner, Jr. 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased. Sept. 29, 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 4 3 hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

12. Name James F. Cairns

13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Corrigan

15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant William O'Conner, Jr.

(b) Address 2707a Bacon St

17. (a) burial (b) Date thereof 2-4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St. Louis Ave

19. FEB 3 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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")  
(d) Street No. 2707a Bacon St  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan 2 to Feb 2, 1942  
that I last saw him alive on 3-20-42  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

no labor (RT)  
Due to Presyncope 100%

Due to Phrenic Nerve 19%  
Heart Disease

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

Major findings:  
Of operations.....  
Of autopsy.....  
108

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?

While at work? (Specify type of place) Means of injury.....

23. Signature [Signature] (M. D. or other) M.D.  
Address 4114 West Flannigan Date signed 2/3/42

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

MOTHER FATHER

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**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 *Charles Goodrich*  
Licensed Embalmer No. *3777*  
P. O. Address *Howe 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.**