

FILED MAR 17 1942

791

Primary Registration District No. 1003

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

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:
Josephine-Heitkamp Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community
years, months or days)

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

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

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

6. (b) Name of husband or wife John O'Connor 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 26 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>17</u>	hr. <u> </u> min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
12. Name Michael Noonan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Roman
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Patrick Noonan
(b) Address 2802 Eads Ave

17. (a) Burial (b) Date thereof Feb 14 1942
(Burial, cremation, or re-oval) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Peetz Brothers

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2802 Eads Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day February
year 1942 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10
1942 to Feb 12 1942
that I last saw her alive on Feb 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Parenchymatous Nephritis
Due to Chronic Parenchymatous Nephritis
Due to Chronic Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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 Martin J. Blaser (M. D. or other)
Address 506 Olive St Date signed 2-13-42

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. Owens

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.