

Registration District No. 791

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:  
229 N. Vandeventer Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 229 N. Vandeventer Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? U (Yes or No)  
If yes, name country

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

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

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

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

7. Birth date of deceased Jan. 1st., 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 24 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name John O'Connor

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

14. Maiden name Margaret M. McQuade

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

16. (a) Informant Miss Alice O'Connor

(b) Address 229 N. Vandeventer Ave.

17. (a) Burial (b) Date thereof 3-28-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nonnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAP 27 1942 (b) J. F. Bredet  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25th.,  
year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Apr 10, 1942 to Mar 25, 1942  
that I last saw him alive on Mar 24, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 2 days  
Due to: Hypertensive Vasc Disease 2 yrs  
Due to: Paralysis Disease 2 yrs.

Other conditions: 94  
(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.....  
(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 D

23. Signature Herhusella (M. D. or other) D  
Address 3720 Washington Date signed

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

MOTHER FATHER

1-2

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.