. S. No. 2
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ev. 5-17-39 FILED JUL 13 1942
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19879

Registration District No. 701 Primary Registration District No. 1002 Registrar's No. 5133

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

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

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17 95
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6036 Horton Place
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia O'Connor.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Timothy J. O'Conner
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Don't Know (Month) (Day) (Year)
8. AGE: Years A bout 68 Months Days If less than one day hr. min.
9. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John O'Keefe
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Timothy J. O'Conner
(b) Address 6036 Horton Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) JUN 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour 2.00 minute A.M. M
21. I hereby certify that I attended the deceased from January 1st 1942, 19..., to June 23 1942
that I last saw her alive on June 23rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Massive thrombosis of mesenteric vessel (artery) — Duration 1 Day
Due to: Intestinal (Small) obstruction — 1 Day
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Thrombosis of mesenteric artery (Small intestine)
Of autopsy: No

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? O
While at work? (Specify type of place) (e) Means of injury
23. Signature Scott Heinz M.D. (M. D. or other)
Address 634 N. Grand Blvd. Date signed 6/24/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Scott Heuer
Mo. Th. B.lg.,
Je. 8411
1-2 P.M.

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.