S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29054

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7763

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 4044a S. Spring Ave. /
(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:

(a) State Mo. (b) County 000
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4044a S. Spring Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Michael J. O'Connor

3. (b) If veteran, name war None

3. (c) Social Security No. 489-28-6043

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Agnes O'Connor

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Unk (Month) Unk. (Day) 1879 (Year)

8. AGE: Years 63 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation City Park Dept.

11. Industry or business

FATHER
12. Name Patrick O'Connor
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johnanna O'Connor
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes O'Connor
(b) Address 4044a S. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 19 1942 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th., year 1942 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 2 1942 to Sept 14 1942 that I last saw him alive on Sept 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left lung — Duration 6 mo.

Due to

Due to

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
(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

23. Signature Wayne O. Sorda (M. D. or other) Med
Address 2739 N. Grand Date signed 9-17-42

(Licensed Embalmer's Statement on Reverse Side)

2739 N. Grand Blvd.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.