V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

35763

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9146

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3400 S. Grand Blvd. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 169
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 S. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

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 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 1, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	--	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Theresa
(b) Address 3400 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meraec St.

19. (a) 11-2-42 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st year 1942 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from April 12th, 1942 to Nov. 1, 1942; that I last saw her alive on Oct., 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1mo.
Due to Hypertensive disease	1yr.
Due to Arterio sclerosis	2yrs.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. R. Buddy (M. D. or other)

Address Univ. Tow Bldg Date signed 11-2-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.