

NOV 10 1943

Registration District No. 214

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 Grand Ave. 10
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME MARY O'CONNOR.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widowed

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 June 14, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation Housework

11. Industry or business

12. Name Jeremiah Rooney 4

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Mary Murphy 4

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Shirley Haggan
(b) Address 4431 Grand Ave. (2)

17. (a) Balmy (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Balmy Cemetery
18. (a) Signature of funeral director J. J. Quinn
(b) Address 11899 Grand Ave.

19. (a) OCT 31 1943 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1943 hour 4 minute 50 M.

21. I hereby certify that I attended the deceased from Oct 25 1943 to Oct 29 1943, that I last saw him alive on Oct 28 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Duration 1 yr.

Due to Esophageal Cancer??
Dr. states cause of death was Ch. Myocarditis

Other conditions Ch. Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations 93 Of autopsy 93 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 A. V. Dewing (M. D. or other) M.D.
Address 2342 Ashcroft Date signed 10/30/43

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

MOTHER FATHER

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..... *Harry J. Schumaker*

Licensed Embalmer No..... *2679*

P. O. Address..... *732 Fernway*

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.