V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36766

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10094

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:
4868 Farlin Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10yrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4868 Farlin Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Loretta Elizabeth O'Connor

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Femlae

5. Color or race White

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

6. (b) Name of husband or wife XXXXXX

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

7. Birth date of deceased March 1st. 1912
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	8	16	hr. min.

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

10. Usual occupation Typist

11. Industry or business Unemployed

FATHER
12. Name Maurice O'Connor
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rosella Doyle
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Maurice O'Connor
(b) Address 4868 Farlin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) NOV 19 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th.
year 1943 hour 1:25AM minute M.

21. I hereby certify that I attended the deceased from 1930, 19 to Nov 17, 1943
that I last saw her alive on Nov 16, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions Chronic Myocarditis (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 Charles Cheers (M. D. or other) M.D.
Address 7602 S Bdway Date signed 11-18-43

(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 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.