

**FILED** JUN 15 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **6076**

Registrar's No. **1456**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Pine Lawn**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6213 Reichman**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community **66 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Pine Lawn**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6213 Reichman**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Alphonsus Frank O' Connor**

3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **SEPTEMBER 12 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 8 25** hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **E. P. Toolen Concrete Co.**

12. Name **Michael E. O'Connor**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bolger**

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

16. (a) Informant **Cygnis M. Soloski**

(b) Address **6213 Reichman**

17. (a) **Burial** (b) Date thereof **June 7, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cairvary Cemetery**

18. (a) Signature of funeral director **Bensiek - Nekeus**

(b) Address **1431 Union Blvd**

19. (a) **7-10-46** (b) **E. M. Gannon**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4th**  
year **1946** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **May 2 1946** to **June 4 1946**  
that I last saw him alive on **June 4 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion** Duration **10 min**  
Due to **Chromosomes myoconduction** **6 min**  
Due to **93A**

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 **E. M. Gannon** (D. or other)  
Address **6213 Reichman** Date signed **6-24-46**

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

JUL 22 1948

MAR 21 1958

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**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.....

*Rex P Campbell*

Licensed Embalmer No. *5881*

P. O. Address *St Louis, Mo*

**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.**