. No. 2
M—2-43
5-17-39
I X35697

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

20933

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22064

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5311

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: 3875a Humphrey St.
(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 Missouri (b) County

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

(d) Street No. 3875a Humphrey St.
(If rural, give location)

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

If yes, name country

000
167
70

3. (a) PRINT FULL NAME Matilda A. O'Connor

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William B.

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

7. Birth date of deceased Mar. (Month) 15 (Day) 1854 (Year)

8. AGE: Years 92 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name August Nelson
13. Birthplace Unknown (City, town, or county) Sweden (State or foreign country) 4

MOTHER
14. Maiden name Maria Run
15. Birthplace Unknown (City, town, or county) Sweden (State or foreign country) 4

16. (a) Informant Henry N. O'Connor
(b) Address 3875a Humphrey St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) JUN 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 1 minute 30P. M.

21. I hereby certify that I attended the deceased from 2/8 1945 to 6/5 1946
that I last saw her alive on 6/5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio-sclerosis
Chr. interstitial nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration
many years

PHYSICIAN
Underline the cause to which death should be charged statistically.

131a

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 P. Moskop M.D.
(M. D. or other)

Address 3554 Victor St. St. Louis (4) Mo. Date signed 6/14/46

(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 Robert C Wheeler

Licensed Embalmer No. 2178

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.