No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2915

Registrar's No. 807

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 3745 LINDELL BLVD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ond

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

(d) Street No. 3745 Lindell Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helen M. 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 Married

6. (b) Name of husband or wife James B. O'Connor

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug. 12th 1900
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	12	hr. min.

9. Birthplace Elmira New York
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thaddeus Myers
13. Birthplace New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Roach
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant James B. O'CONNOR
(b) Address 3745 Lindell Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation Elmira-New York

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 20 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 5, 1947 to January 24 1948 that I last saw her alive on January 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	7 mos
Due to Carcinoma of left Breast	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Carcinoma of left Breast

Of autopsy Carcinoma of Liver

PHYSICIAN — Underline the cause of 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 Thomas C. St. John (M. D. or other) M.D.

Address Metropolitan Bldg St. Louis 3, Mo. Date signed 1/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.