

No. 300  
M-10-47  
7-5-17-39  
WI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28400 ✓

State File No. \_\_\_\_\_

FILED SEP 7 1948  
Registration District No. 397

Primary Registration District No. 3066

Registrar's No. 1982

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
U. S. Marine Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days (Specify whether  
In this community 20 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5208 St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXX

3: (a) PRINT FULL NAME O'CONNOR, David F.

3. (b) If veteran, name war World War I 3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Matilda E. O'Connor 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased February 8 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 13 hr. min.

9. Birthplace Pittsburgh, Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (Unemployed)

11. Industry or business Unemployed

12. Name David F. O'Connor

13. Birthplace Pittsburgh Pa  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Moynihan

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

16. (a) Informant Clinical Records

(b) Address U.S. Marine Hospital, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 8/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natl. Cemetery

18. (a) Signature of funeral director George J. Medermeyer  
(b) Address 2044 N. Euclid Ave

19. (a) 8-23-48 (b) Cecil P. Z. Sharp, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st  
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 10, 1948, to August 21, 1948, that I last saw h. im alive on August 21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium Duration 2 wks.

Due to Arteriosclerotic coronary disease 8 mo.

Due to Edema, pulmonary  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations XXXX  
Of autopsy XXXX  
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) XXXX

(b) Date of occurrence XXX

(c) Where did injury occur? XXX  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
XXX

While at work? XXX (Specify type of place) (e) Means of injury

23. Signature George J. Medermeyer (M. D. or other) M.D.  
George J. Medermeyer, Asst. Surg. (H)  
Address U. S. Marine Hospital Date signed 8/24/48

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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

*Clara R. Cadwell*

Licensed Embalmer No. *4077*

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.**