

FILED MAY 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4923

4923

BIRTH NO. 25335-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>D-17</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Patrick Michael O'Connor</b>		d. STREET ADDRESS (If rural, give location) <b>3809 N. 23rd. St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b> b. (Middle) <b>Michael</b> c. (Last) <b>O'Connor</b>			4. DATE OF DEATH Month <b>May</b> Day <b>4</b> Year <b>1949</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>May 3rd, 1949</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Harry O'Connor</b>	
13b. MOTHER'S MAIDEN NAME <b>Shirley Kraus</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Harry O'Connor</b>		ADDRESS <b>3809 N. 23rd St</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Premature Birth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>139</b> <b>776X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9 4</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John S Young MD</b>		23b. ADDRESS <b>1126 st louis ave</b>	
23c. DATE SIGNED <b>5/4/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-5-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 5 1949</b> <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hy. Leidner U 2223 St. Louis Ave</b>	

*Dr. J. A. Green 12 x St. Louis*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*Not Embalmed*

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

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.