THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24439

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (In this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles 0943
d. STREET ADDRESS (If rural, give location): 603 North Fourth Street

3. NAME OF DECEASED (Type or Print): a. (First) (Rev) James b. (Middle) V. c. (Last) O'Connor, S.J.

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married S

8. DATE OF BIRTH: Dec 17 1876

9. AGE (In years last birthday): 73 | If under 1 year: Months | Days | If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY: Catholic Church

11. BIRTHPLACE (State or foreign country): Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James J. O'Connor

13b. MOTHER'S MAIDEN NAME: Mary Ellen O'Brien

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NIL

16. SOCIAL SECURITY NO.: NIL

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Rev. D.E.Hamilton, S.J.-St.Charles,Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fractures of right humerus and right femur. — 48 hours

DUE TO (c) — 5903

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchiectasis, Asthma — 21

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 130

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): St Joseph Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Charles St Charles Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 27 - 1950 8A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fall

22. *I hereby certify that I attended the deceased from* Sept, *1946, to* July 29, *1950, that I last saw the deceased alive on* July 29, *1950, and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: V. O'Connor (Degree or title): MD

23b. ADDRESS: St Charles Mo

23c. DATE SIGNED: 7/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug 1, 1950

24c. NAME OF CEMETERY OR CREMATORY: St. Stanislaus

24d. LOCATION (City, town, or county) (State): Florissant, Missouri

DATE REC'D BY LOCAL REG.: 8/2/50

REGISTRAR'S SIGNATURE: Hanne Hamilton 284

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. T. Dallmeyer & Sons Co 800 N. 2nd--St.Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 4189 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Joseph F Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.