

No. 300
10-48

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32091

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **2192**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission): a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 4535 Lindell Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) F. c. (Last) O'Connor			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1950		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Unknown 1899	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY St. Louis University		11. BIRTHPLACE (State or foreign country) New York	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John Oconnor	13b. MOTHER'S MAIDEN NAME Bridget Buckley	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fr. John F. Bannon	ADDRESS St. Louis University
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5400
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal hemorrhage from peptic ulcer of stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peptic ulcer of stomach DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 7-10	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) L	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) L	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) L
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) L	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? L

22. I hereby certify that I attended the deceased from **6/15/49** to **9/15**, 19**50**, that I last saw the deceased alive on **9/15**, 19**50**, and that death occurred at **6:45** a.m., from the causes and on the date stated above.

23a. SIGNATURE James J. Pully M.D.	(Degree or title)	23b. ADDRESS 6125 Barton Ave	23c. DATE SIGNED 9/16/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-16-50	24c. NAME OF CEMETERY OR CREMATORY Syracuse New York	24d. LOCATION (City, town, or county) (State) Syracuse, New York
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DATE REC'D BY LOCAL SEP 16 1950	REGISTRAR'S SIGNATURE Berbert R. Romke	25. FUNERAL DIRECTOR'S SIGNATURE McArthur J. Donnelly	ADDRESS 3040 Lindell Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. P. J. Kelly
6125 Jackson Ave
10-11

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.

Student
Student Embalmer

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.