

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6493

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1706**

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **ST LOUIS**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **PROUNCEA-DEAD-AT-CITY-HOSP**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS**
d. STREET ADDRESS (If rural, give location) **419 CULF ST.**

3. NAME OF DECEASED
a. (First) **JOHN**
b. (Middle) _____
c. (Last) **O'CONNOR**

4. DATE OF DEATH (Month) (Day) (Year)
FEB 18-1951

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **UNKNOWN**

8. DATE OF BIRTH **MARCH 23-1876**
9. AGE (In years last birthday) **74**
If under 1 year: Months _____ Days _____
If under 12 mos: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **VON HOFFMAN PRESS**

11. BIRTHPLACE (State or foreign country) **SHELBYVILLE KENTUCKY**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **PATRICK O'CONNOR**

13b. MOTHER'S MAIDEN NAME **ELLEN CORCORAN**

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) **UNKNOWN**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Mr. Repede**
ADDRESS **2331 Mullough**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
ANTECEDENT CAUSES
Chronic Endocarditis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **causing Coronary Occlusion**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Occlusion

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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

21f. HOW DID INJURY OCCUR? **H214**

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 1036 P.M., from the causes and on the date stated above.

23a. SIGNATURE **John M. ...**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **2/21/51**

24a. BURIAL CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **FEB 21-51**

24c. NAME OF CEMETERY OR CREMATORY **CALVARY**

24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE **FEB 21 1951** **J B ...**

25. FUNERAL DIRECTOR'S SIGNATURE **Address** **Miller Kelly 4386 Lindell**

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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.....

Students of Mortuary College

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammer*

Licensed Embalmer No. *4142*

P. O. Address *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.