

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2591**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5847 Watermann | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| | | f. STREET ADDRESS (If rural, give location) 5 5847 Waterman | |

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|--|---------------------------|---|----------------------------------|--|----------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Joseph | b. (Middle) P. | c. (Last) O'Connor | (Month) March | (Day) 16, | (Year) 1952 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 6- 1866 | 9. AGE (In years last birthday) 85 | 10. UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired President | | 10b. KIND OF BUSINESS OR INDUSTRY Title Ins. Corp | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? | | | | | |

| | | |
|---|--------------------------------------|--|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary O'Connor |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mary Hartnett |
| | | ADDRESS 34 Ridgetop |

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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 5 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterial accident</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis</i> DUE TO (c) <i>Hypertension</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 10 years 10 years |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 331X |

22. I hereby certify that I attended the deceased from Jan 19, 1952, to Mar 16, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 11:00 am, from the causes and on the date stated above.

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|---|-----------------------------|--|
| 22a. SIGNATURE Thos. M. Davis M.D. | 22b. ADDRESS 24227 Grand | 22c. DATE SIGNED 3/18/52 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 20, 1952 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cem. |
| | | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |

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|---|-----------------------------------|--|-----------------------|
| DATE REC'D BY LOCAL REG. MAR 19 1952 | REGISTRAR'S SIGNATURE C. Smith | 24. GENERAL DIRECTOR'S SIGNATURE G. Smith | ADDRESS 1225 Union |
|---|-----------------------------------|--|-----------------------|

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement M. Meany

Licensed Embalmer No. 3792

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.