S. No. 300
v. 10.48

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14627

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2042

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 4007
d. STREET ADDRESS (If rural, give location): 541 Ambergate Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): T.
c. (Last): O'Connor

4. DATE OF DEATH (Month) (Day) (Year): Mar. 2 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1, ~~1889~~ 1890
9. AGE (In years last birthday): ~~52~~ 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchmane
10b. KIND OF BUSINESS OR INDUSTRY: Pinkerton Det. Agcy
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: David O'Connor
13b. MOTHER'S MAIDEN NAME: Bridget McCorkle
14. NAME OF HUSBAND OR WIFE: Josephine A. O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Josephine A. O'Connor, 541 Ambergate

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — Unknown
DUE TO (c) Arteriosclerosis — Unknown

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 ☐ 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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 14201

22. *I hereby certify that I attended the deceased from* 2/22, 1952, *to* 3/1, 1952, *that I last saw the deceased alive on* 3/1, 1952, *and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John M. Collins (Degree or title) M.D.
23b. ADDRESS: 8061C Watson Rd, St. Louis 19
23c. DATE SIGNED: 3/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 5, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAR 4 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. Hoffmeister Colonial Mortuary, 6464 Chippewa St., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John M. Collins

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Louis C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 2814 S. Broadway

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.

C

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 14627
Local Registrar's No. 2042

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Ralph T. O'Connor, died ~~born~~ 3-2-, 1952, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read Jan. 1 - 1890
Instead of 1889
Item No. 9 should read age 62
Instead of 63
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. Hoffmeister Colonial Mortuary
Relationship.
J. F. Hoehl
6464 Chippewa St
Present Address.

Subscribed and sworn to before me this 31 day of Mar, 1952

My Commission expires 3-4-53 Ellen Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.