

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1821

No. 300

FILED FEB 26 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1436

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 19 3902 Lindell Blvd. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			
3. NAME OF DECEASED (Type or Print) Ruth Marie O'Connor		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1953	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Aug. 3, 1932
9. AGE (In years last birthday) 20		10. KIND OF BUSINESS OR INDUSTRY McDonald Aircraft Wisconsin	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Fergus A. O'Connor	
13b. MOTHER'S MAIDEN NAME Ruth M. Cassidy		14. NAME OF HUSBAND OR WIFE None	
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. 198-24-7137	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fergus O'Connor		ADDRESS Evanston, Ill. 722 Florence Ave.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fracture of skull ANTECEDENT CAUSES (b) Falls, suffered when deceased was struck by unknown car driven by unknown driver in vicinity of Vandewater and Lindell about 7:55 pm II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION July 5, 1953 Homicide		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 5 53 7 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F8129

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 7:55 P M., from the causes and on the date stated above. 25

22a. SIGNATURE (Degree or title) Cora L. Taylor	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2.6.53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-7-53	24c. NAME OF CEMETERY OR CREMATORY Holy Sepulchre
24d. LOCATION (City, town, or county) (State) Omaha, Nebraska		25. FUNERAL DIRECTOR'S SIGNATURE (Address) J. Donnelly 3840
DATE REC'D BY LOCAL REG. FEB 6 1953	REGISTRAR'S SIGNATURE Carl Smith	FEB 6 1953

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3562

P. O. Address St. Louis Mo

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.