

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37823**

FILED NOV 6 - 1953

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **847** Registrar's No. **2688**

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS c. LENGTH OF STAY (in this place) 14 days d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS d. STREET ADDRESS (If rural, give location) 516 WADDA	
3. NAME OF DECEASED a. (First) MARY b. (Middle) _____ c. (Last) O'CONNOR		4. DATE OF DEATH (Month) (Day) (Year) OCT. 17 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT 2, 1953
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	9b. KIND OF BUSINESS OR INDUSTRY NONE	10. BIRTHPLACE (City and State or Foreign Country) RICHMOND HEIGHTS Mo.	11. CITIZEN OF WHAT COUNTRY? U.S.A.
12a. FATHER'S NAME EDWARD T. O'CONNOR	12b. MOTHER'S MAIDEN NAME GRETA SHEEHAN	13. NAME OF HUSBAND OR WIFE NONE	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	15. SOCIAL SECURITY NO. NONE	16. INFORMANT'S SIGNATURE OR NAME EDWARD T. O'CONNOR ADDRESS 516 WADDA AVE	
17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
DUE TO (b) Spina bifida Myelomeningocele		751X	
DUE TO (c) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18a. DATE OF OPERATION None	18b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?
19a. ACCIDENT SUICIDE HOMICIDE (Specify) None	19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	22. I hereby certify that I attended the deceased from Oct 2, 1953, to Oct 17, 1953, that I last saw the deceased alive on Oct 17, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.
20a. TIME OF INJURY (Month) (Day) (Year) (Hour)	20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. SIGNATURE (Degree or title) Salvatore N. Pignatelli, M.D. ADDRESS St. Marys Hosp., Clute, Mo. DATE SIGNED 10-17-53	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE OCT 19, 1953	22c. NAME OF CEMETERY OR CREMATORY CALVARY	22d. LOCATION (City, town, or county) (State) ST LOUIS MO
23. DATE REC'D BY LOCAL REG. 10/18/53	24. REGISTRAR'S SIGNATURE Herbert B. Sommers	25. FUNERAL DIRECTOR'S SIGNATURE Address Allen Kelly 7267 Natural Bridge	

WRITE PLAINLY—USING BLACKINK—MAKE A PERMANENT RECORD

(I solemnly swear that the foregoing is a true and correct statement of the facts as stated on the reverse side)

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

James A. Lemmers

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.