No. 300
10.48

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19203

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 167

.50 4

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL-MERAMEC
c. LENGTH OF STAY (in this place) 2 yr 9 mo 9 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPHS HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 7556 PARKDALE 2001

3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY b. (Middle) J. c. (Last) O'CONNOR

4. DATE OF DEATH (Month) (Day) (Year) JUNE 29 1955

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MAY 1872
9. AGE (In years last birthday) 83 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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY STREET CAR CONDUCTOR
11. BIRTHPLACE (City and State or Foreign Country) IRELAND 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN O'CONNOR
13b. MOTHER'S MAIDEN NAME JULIA (UNKNOWN)
14. NAME OF HUSBAND OR WIFE Julia O'Reeve O'Connor ~~UNKNOWN~~

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. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME Bro. Roch, St. Joseph's Hill Dry ADDRESS Eureka MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PULMONARY CONGESTION
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 491X

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

22. *I hereby certify that I attended the deceased from* 9/20, 1952, *to* 6/27, 1955, *that I last saw the deceased alive on* 6/27, 1955, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Marder M.D. (Degree or title)
23b. ADDRESS 4323 ROLAND DR. NORMANDY 21, MO.
23c. DATE SIGNED 6/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 2, 1955
24c. NAME OF CEMETERY OR CREMATORY CALVARY Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. July 2, 1955
REGISTRAR'S SIGNATURE Ruth Jirsa 438-
25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Pindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
JUL 7 1955

JUL 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by ~~me, or~~ by me, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 46

P. O. Address 3840 Lu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.