

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6505

State File No.

1143

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

| | | | |
|---|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY OR TOWN <u>St. Louis, Mo.</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hosp/ 20/9</u> | | e. STREET ADDRESS (If rural, give location) <u>6205 Virginia</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius R.</u> b. (Middle) <u>O'Connor</u> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1957</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 18, 1892</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if different) | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | |
| <u>Bus Driver Public Service Co.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James O'Connor</u> | | 14. NAME OF HUSBAND OR WIFE <u>Susie O'Connor</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u> | | 16. SOCIAL SECURITY NO. <u>493-10-9640</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Susie O'Connor</u> | | ADDRESS <u>6205 Virginia</u> | |
| 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) <u>Thrombia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592x</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 1953</u> , to <u>Feb 3, 1957</u> , that I last saw the deceased alive on <u>2-2, 1957</u> , and that death occurred at <u>750a m.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Carl J. Smith M.D.</u> | | 23b. ADDRESS <u>8719 B. Highway</u> | |
| 23c. DATE SIGNED <u>2-4-57</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>2-6-57</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jeff. Brks., Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 4 '57</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Blvd., St. Louis, Mo.</u> | |

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

City

Dr. Reis
18 S. Kingshighway
12:30 to 5

(back)

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.....
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.