Health, Welfare Public Service

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1-57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004014

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 5 544 Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KIRKWOOD — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST AGNES HOME — Length of stay in 1b 3 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN FRONTENAC 4000 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4 CRICKLE WOOD PL — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MARTHA Middle Last O'CONNOR
4. DATE OF DEATH Month JAN Day 26 Year 1959

5. SEX FEMALE 1
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH OCT 26, 1872
9. AGE (In years last birthday) 86 — 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) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) ST LOUIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES STEELE
13b. MOTHER'S MAIDEN NAME MARY ELLEN TOBIN
14. NAME OF HUSBAND OR WIFE PATRICK F 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. NONE
17. INFORMANT MRS M. J KING Address 4 CRICKLEWOOD PL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-15-56, to 1-26-59 and last saw her/him alive on 12-13-58
Death occurred at 5:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Jarmey Jr (Degree or title) MD
22b. ADDRESS 35 N Central Clayton 5 Mo
22c. DATE SIGNED 1-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE JAN 29, 1959
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) ST LOUIS (State) MO

24. FUNERAL DIRECTOR STOCK MORTUARY ADDRESS 889 S BRENTWOOD CLAYTON 5
25. DATE RECD. BY LOCAL REG. 1-27-59
26. REGISTRAR'S SIGNATURE John C Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address [illegible]

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.