

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015499

STATE FILE NUMBER

FILED APR 24 1959

Registration District No. Primary Registration District No.

Registrar's No. 2 3440

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Herrin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) 4 HOSPITAL OR INSTITUTION Little Sisters of The Poor | | Length of stay in lb 9 Years | d. STREET ADDRESS (If outside, give location) 613 Cherry St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Susan Middle Last O'Connor | | | 4. DATE OF DEATH Month April Day 6 Year 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH About June 18, 1874 |
| 9. AGE (In years last birthday) 84 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Leonard Coomes | |
| 13b. MOTHER'S MAIDEN NAME Jane Sutton | | 14. NAME OF HUSBAND OR WIFE Daniel O'Connor | |
| 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. None | 17. INFORMANT Address Sr. Marie Jean Supr. 3400 S. Grand Ave. |
| 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 Dis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gen. Arteriosclerosis DUE TO (c) 420.0 | | | INTERVAL BETWEEN ONSET AND DEATH Yes. Yes. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo | COUNTY STATE |
| 21. I attended the deceased from Jan 1959 to 4/6/59 and last saw her alive on 4/3/59 Death occurred at 5:00A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. M. M. M. D. | | (Degree or title) | 22b. ADDRESS 8059 Watson Rd. |
| 22c. DATE SIGNED 4/6/59 | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/8/59 | 23c. NAME OF CEMETERY OR CREMATORY SS? Peter & Paul Cemetery | 23d. LOCATION (City, town, or county) St. Louis Missouri |
| 24. FUNERAL DIRECTOR Gebken Sons | | ADDRESS 2630 Gravois Ave. | 25. DATE REC'D. BY LOCAL REG. APR 7 59 |
| 26. REGISTRAR'S SIGNATURE Roald Smith, M.D. | | | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 _____

Robert J. Gubler

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave

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.