# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030677

FILED VS SEP 8 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7746

1. PLACE OF DEATH
a. COUNTY: St. Louis, Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis State Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St. Louis~~ — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4241 Koch Rd. St. Louis 23, Mo. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Margaret Middle T. Last O'Connor
4. DATE OF DEATH: Month August Day 20 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-6-85
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 1 Days 14 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Washington U
11. BIRTHPLACE (City and state or country): Ireland
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Patrick Mullahy
13b. MOTHER'S MAIDEN NAME: Mary Dillon
14. NAME OF HUSBAND ~~OR WIFE~~: Timothy O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-22-4072
17. INFORMANT: Mrs Loretta Koelling Mehlville Mo Address ~~4241 Koch Rd~~

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): C. V. A. — INTERVAL BETWEEN ONSET AND DEATH: 4 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

O.K. Paul Schmidt Deputy Coroner 8/8/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1. Fracture left hip 2. Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Intertrochanteric fracture left hip 6-25-59 Key nailing 6-29-59
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 3-27-57, to 8-20-59 and last saw her/him alive on 8-20-59
Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) M.D.
22b. ADDRESS: 5400 Arsenal St. St. Louis
22c. DATE SIGNED: 8-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug 24 1959
23c. NAME OF CEMETERY OR CREMATORY: Mt Olive Cem.
23d. LOCATION (City, town, or county) (State): Lemay Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home ADDRESS: Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: AUG 21 '59
26. REGISTRAR'S SIGNATURE: Noah Smith, M.D. F.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 336(

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.