

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JAN - 4 1960 317 Registration District No. **543** Primary Registration District No. **3489** Registrar's No. **59 0 4 6 2 1 7** STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY **ST LOUIS,**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **ST LOUIS,**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **JENNINGS, MISSOURI** Length of stay in 1b **YRS.** c. CITY OR TOWN **JENNINGS** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **9230 RANCH MEADOWS** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **9230 RANCH MEADOWS DR.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **MARY O'CONNOR** **4. DATE OF DEATH** Month Day Year **DEC, 26, 1959**

5. SEX **FEMALE** **6. COLOR OR RACE** **WHITE** **7. Married** Never Married **Widowed** **Divorced** **8. DATE OF BIRTH** **10/26/1897** **9. AGE (last birthday)** **62** **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HR** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** **10b. KIND OF BUSINESS OR INDUSTRY** **Home** **11. BIRTHPLACE** (City and state or country) **ST LOUIS MISSOURI** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **JOHN BURKE** **13b. MOTHER'S MAIDEN NAME** **MARY MAHON** **14. NAME OF HUSBAND OR WIFE**

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.** **# unob.** **17. INFORMANT** **MARGARET O'CONNOR** Address **9230 RANCH MEADOWS**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinomatosis** **JENNINGS** **INTERVAL BETWEEN ONSET AND DEATH** **3 MONTHS**
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. **DUE TO (b)** **Adenocarcinoma of rectum** **12 MONTHS**
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.)

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 **October 27, 1959** **to** **December 26, 1959** **and last saw her** **December 12, 1959** **alive on**
Death occurred at **2:10 PM** **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE **Joseph A. Troy, M.D.** (Degree or title) **22b. ADDRESS** **6807 W. FLORISSANT AVE, St Louis 20** **22c. DATE SIGNED** **12/28/59**

23a. DATE **12/30/59** **23b. NAME OF CEMETERY OR CREMATORY** **CALVARY CEMETERY** **23c. LOCATION** (City, town, or county) **ST LOUIS MISSOURI** (State)

24. FUNERAL DIRECTOR **STROOT - CARROLL** ADDRESS **4600 NATURAL BRIDGE** **25. DATE RECD. BY LOCAL REG.** **12-29-59** **26. REGISTRAR'S SIGNATURE** **John B. Murphy, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DW Roy
6807 at glassessent
3⁰⁰ pm
monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. R. Pickett

Licensed Embalmer No. 486

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.