

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016545

FILED VS APR 26 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 155 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantwell		Length of stay in 1b 5 years	c. CITY OR TOWN Cantwell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South & Main Sts.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Main & South Sts.	
3. NAME OF DECEASED (Type or print) First Mary Middle Helen Last O'Connor			4. DATE OF DEATH Month April Day 19th. Year 1960		
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 Oct. 5th, 1890 - 69	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
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 USA
13a. FATHER'S NAME William Hughes		13b. MOTHER'S MAIDEN NAME Sarah Cummings		14. NAME OF HUSBAND OWNE William A. 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 Anthony O'Connor, St. Louis, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary thrombosis				Approx 10 min.	
DUE TO (b) Atherosclerotic heart disease				unknown	
DUE TO (c) Diabetes mellitus.				unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prev. Cerebral hemorrhage bysag				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____					
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		COUNTY _____ STATE _____
21. I attended the deceased from June 1957 to April 19, 1960 and last saw her ^{her} _{him} alive on April 10, 1960 . Death occurred at 3:30 A on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. L. Foster ma (Degree or title)			22b. ADDRESS Desloge Mo		22c. DATE SIGNED 4-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/20/1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo (State)	
24. FUNERAL DIRECTOR C.Z. Boyer & Son ADDRESS Desloge, Mo		25. DATE RECD. BY LOCAL REG. April 21, 1960	26. REGISTRAR'S SIGNATURE Ethel Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 26 1960

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 Burlin T. Boyer, Jr., Student Embalmer No. 59
working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer Sr

Licensed Embalmer No. 3660

P. O. Address Deatlog, Miss

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