

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

-61-039030

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

9559

STATE FILE NUMBER

FILED OCT 26 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN Affton	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.		d. STREET ADDRESS 6747 Bonnie Ave (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle William Last O'Connor			
4. DATE OF DEATH Month October Day 14 Year 1961			
5. SEX Male	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 11-26-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penar. Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 75
11. BIRTHPLACE (City and state or country) Riverton, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John O'Connor		13b. MOTHER'S MAIDEN NAME Kate McAndrew	
14. NAME OF HUSBAND OR WIFE Ida O'Connor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	
16. INFORMANT Ida O'Connor 6747 Bonnie Ave.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia left DUE TO (b) Cerebral thrombosis DUE TO (c) Arteriosclerosis 332+ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10-7-61
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Oct. 7, 1961 to Oct. 14, 1961 and last saw him xx on Oct. 13, 1961 Death occurred at 6:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ida O'Connor</i> (Degree or title)		22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 10/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 17, 1961	23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kreigshauser Funeral Home, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. OCT 16 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

Missouri

Division

St. Louis

67-7-1888

St. Louis-Union
Hospital, Inc.

X

1981 14

October

O'Connor

William

James

X

11-22-1888

Miss

Male

Harrison

Forst. Our Inspector

708-18-7388

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 *Edwin A. McNamee*

Licensed Embalmer No. 3024

1981 14

1981 14

1981 14

P. O. Address _____

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.