

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28589
7586

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) 30 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARGARETTA NURSING HOME				d. STREET ADDRESS (If rural, give location) 5861 CATES AVE			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
JOHN P. PATRICK O'CONNOR						4. DATE OF DEATH (Month) (Day) (Year) AUG 25 - 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 20 - 1964		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) W. VIRGINIA		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN O'CONNOR		13b. MOTHER'S MAIDEN NAME MARY O'SHAUGHNESSY		14. NAME OF HUSBAND OR WIFE MARY E O'CONNOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary E O'Connor			
18. CAUSE OF DEATH Enter only one cause per line, or (a), (b), and (c) This does not mean immediate causing, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 12/16, 1949, to 8/25, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 9:05 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Bernard T. Koon				23b. ADDRESS 4255 Morgan Rd St Louis, Mo		23c. DATE SIGNED 9/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 28 - 1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST LOUIS, MO	
DATE REC'D BY LOCAL REG. AUG 27 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN		ADDRESS 516 S DELMAR	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 APR 5 1955

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
Student Embalmer

Signed

Ronald O. Yohnke

Licensed Embalmer No. 3917

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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 2 8589
Local Registrar's No. 7586

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth
for John P. O'Connor died 8-25-51 ~~born~~, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read.....

Instead of..... John P. O'Connor

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Louise Miller Fun Dir
Relationship.

5165 Delmar

Present Address.

Subscribed and sworn to before me this 24 day of Oct., 1945

My Commission expires 3.4.53 Elmer Padlock Notary Public.