WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OCT 11 1934

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 34407

Township ..... Primary Registration District No. 1003 Registered No. 9205

City St Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Infant of James M. O'Connor

(a) Residence, No. 1817a E. Prairie St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1934

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME James M. O'Connor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Marie Idroyjeski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) James M. O'Connor 1817a E. Prairie

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 9-18 1934

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd

20. FILED SEP 17 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934, to Sept 16, 1934

I last saw him alive on Sept 16, 1934. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Suffocation
(Premature at 5½ mos
no cause ascertainable)

159

Other contributory causes of importance:

156

159

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 2206 Howard St.

Res.

W. F.
D. V. Henke
2206 Howard St.
Central 8486