No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15846

Registration District No. 7-2 Primary Registration District No. 200 Registrar's No. 792

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Pine Lawn (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Home 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-Wks. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACESED: 009
(a) State: Mo. (b) County: 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No.: 229 N. vanderventer Ave. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Anna A. O'Connor

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: F. 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: S. 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct. 9th., 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 2 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: John O'Connor
13. Birthplace: (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name: Margaret McQuade
15. Birthplace: (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant: Miss Alice O'Connor
(b) Address: 229 N. Vandeventer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.

19. (a) APR 11 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th., year 1941 hour 7.30 minute A. M.

21. I hereby certify that I attended the deceased from April 1st 41 April 1st 1941 to April 11th 1941; that I last saw her alive on April 10th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 week
Angina pectoris	1 week
Due to: Arterial Sclerosis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94N	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(b) Date of occurrence: None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? — (e) Means of injury: —

23. Signature: Scott Hewes M.D. (M. D. or other)
Address: 6347 N. Grand Blvd. Date signed: 4-11-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. H. Van Matre

Licensed Embalmer No. 2825.

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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