S. No. 2
M—1-4-41
7. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7879

Registration District No. FILED MAR 2 1942 184

Primary Registration District No. 200

Registrar's No. 427

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 1/30/42 (Specify whether

In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5017 Devonshire Avenue (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Patrick Joseph O'Connor

3. (b) If veteran, name war World War 1918

3. (c) Social Security No. 492-01-3861

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife -

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

7. Birth date of deceased July (Month) 13, (Day) 1894 (Year)

8. AGE: Years 47 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business -

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

MOTHER
14. Maiden name Mary Ford
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEb 27 1942 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Ave

19. (a) FEB 24 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th, year 1942 hour 3:25 minute a. M.

21. I hereby certify that I attended the deceased from January 30, 1942, to February 24, 1942 that I last saw him alive on February 24, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia - lobular.	1 day
Due to	
Due to	
Other conditions Cholecystitis, chronic, (Include pregnancy within 3 months of death) and Appendicitis, chronic.	5 yrs.

Major findings: Of operations Cholecystectomy and Appendectomy - 2/19/42.

Of autopsy No autopsy.

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

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 2/24/42

707 (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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

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.