

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

ED FEB 4 1943 318 Primary Registration District No. 1003 Registrar's No. 906

1. PLACE OF DEATH: St. Louis, Missouri
(a) County
(b) City or town
(c) Name of hospital or institution: City Sanitarium 2
(d) Length of stay: In hospital or institution 17 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 921
(d) Street No. 2602d Pine St.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOE O'CONNOR
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1943 hour 12:45 minute P. M.

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-31-42 to 1-16-43
that I last saw him alive on 1-16-43
and that death occurred on the date and hour stated above.
Immediate cause of death Paresis (12-31-42x)

8. AGE: Years Months Days If less than one day
About 55vrs. hr. min.
9. Birthplace Unknown (City, town, or county) (State or foreign country) 9

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No

10. Usual occupation Laborer
11. Industry or business Unknown
12. Name Unknown Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant Helma A Dingler
(b) Address 5400 Arsenal Ave
17. (a) Anatomical Burial (b) Date thereof 1-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis
18. (a) Signature of funeral director W. Kubits
(b) Address 3500 Buttrick
19. (a) JAN 29 1943 (b) J. F. Breddick (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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?
While at work (Specify type of place) (e). Means of injury
23. Signature W. Redman (M. D. or other) 9
Address 5400 Arsenal St. Date signed 1-20-43

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.....

Licensed Embalmer No.....

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