16446

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5088

Registration District No. 3

Primary Registration District No. 1003

Registrar's No.

FILED JUN 14 1943

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 7/8
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 Norfolk Avenue.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Olon O'Connor Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 30 (Day) 1928 (Year)

8. AGE: Years 14 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Lesterville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation SChool boy

11. Industry or business

FATHER
12. Name Olon O'Connor
13. Birthplace Melbourne (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Grace Swaringim
15. Birthplace Hogan (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Olon O'Connor
(b) Address 4217 Norfolk Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUN 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull Subdural hemorrhage of Brain when he was struck by a

Due to West Bound Taylor ave street car manned by one

Due to Edgar Collins opposite the Walsh Stadium about 2.30 PM

Other conditions May 30 1943
(Include pregnancy within 3 months of death)

Major findings:
Of operations 171
Of autopsy 31

Duration

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) Accident

(b) Date of occurrence May 30 1943

(c) Where did injury occur? St Louis (City or town) (County) 000 (State)

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

While at work? no (e) Means of injury Street Car

23. Signature Thomas F Collins (M. D. or other)

Address Deputy Coroner Date signed 6-1-43

(Licensed Embalmer's Statement on Reverse Side)

...Y—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

...S. No. 2
...00M—2-43
...5-17-39
...I X3559

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. 3575

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.