

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED MAY 9 1944 818

1003

State File No. ....

Registration District No. .... Primary Registration District No. .... Registrar's No. 3922

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
617 Bellerive Blvd /  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Emma W. O'Connor

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*\*\*

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Ralph O'Conner

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 9 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>16</u>	..... hr. .... min.

9. Birthplace Missouri / O  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles F. Stafel / 4

13. Birthplace Germany / 4  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Klaiber

15. Birthplace Germany / 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph O'Conner

(b) Address 617 Bellerive Blvd

17. (a) Burial (b) Date thereof April 28 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) APR 27 1944 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis / 171  
(If outside city or town limits, write "RURAL")

(d) Street No. 617 Bellerive Blvd / 9  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day April  
year 1944 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from Nov  
11, 1940 to April 25, 1944  
that I last saw her alive on April 25, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast

Duration.....

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of 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).....

(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)

(a) Signature W. E. Elmer (b) 0  
(Date received local registrar) (Means of injury)

23. Signature J. J. Brudick (c) 4-25-44  
(Date received local registrar) (Registrar's signature) (Date signed)

*N. W. B. ...*

*6839 Kensington*

*Lo 0491*

*1 to 3*

*7 to 8*

**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.....

*Frank D. ...*

*1-11-33*

Licensed Embalmer No. *2245*

P. O. Address. *John me*

**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.**