

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

24804
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13171

State File No.

FILED APR 26 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3512**

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis **172**
(If outside city or town limits, write "RURAL")

(d) Street No. 4825 Austria Ave. **9**
(If rural, give location)

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

3. (a) PRINT FULL NAME James E. O'Connor

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male **O** 5. Color or race White

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

6. (b) Name of husband or wife Mattie Lusby O'Connor

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 22, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	3	22	hr. min.

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

10. Usual occupation Retired Clerk

11. Industry or business Hardware

MOTHER FATHER

12. Name Thomas O'Connor

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Japsley

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vivian Matthes

(b) Address 9016 Rosemary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-44
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) APR 17 1944 (Date received local registrar) J. F. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1944 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from April 10th, 19 44 to April 14th, 19 44 that I last saw him alive on April 14th, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
of the heart

Due to arteriosclerosis

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

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)

(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? 1513 Lafayette (Specify type of place) (e) Means of injury fall

3. Signature Frank J. Breda (M. D. or other) **O**
Address 1513 Lafayette Date signed 4/15/44

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

APR 17 1944

Embalmer Rep Cert filed

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.