No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 3 1 7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3669

State File No. 31594

Registrar's No. 2076

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

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: "
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 6911 IRA AV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 1
If yes, name country:

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

4. Sex: FE. 1
5. Color or race: W
6. (a) ~~Single~~, widowed, ~~married~~, divorced: W
6. (b) Name of husband or wife: CHARLES D. O'CONNOR
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: DECEMBER 20 - 1912 (Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 13 If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation: HOUSEKEEPER
11. Industry or business: OWN
MOTHER FATHER
12. Name: EUGENE F. CHENOT
13. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country)
14. Maiden name: DALLIE McDANIEL
15. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country)
16. (a) Informant: Mrs Homer D. Sherman
(b) Address: 6911 Ira av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT. 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEM.
18. (a) Signature of funeral director: E. J. Schnurr
(b) Address: 3125 Lafayette av.
19. (a) Sept. 3/48 (Date received by local registrar) (b) Carl A. Z. Sharp, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1948 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from January 8, 1948, to September 2, 1948, that I last saw h. alive on September 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Compression Myelitis - Cervical cord	1/8/48 +
Due to: Spinal Cord tumor - Neurofibroma (Cervical cord)	1/8/48
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Neurofibroma - Cervical cord
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Walter C. Moore (M. D. or other) M.D.
Address: 6376 Clayton Road Date signed: 9/3/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1949

OCT 4 1948

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 Ave.

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.