300
0-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38494

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9670

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: 3942 McRee Ave.
(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. 3942 McRee Ave.
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NELLIE O'CONNOR

3. (b) If veteran, name war None

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 Robert

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

7. Birth date of deceased Oct. (Month) 12 (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joseph Kenehan
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Robert O'Connor
(b) Address 3942 McRee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 8 (Day) 48 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 6 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 1944 to 11-4 1948;
that I last saw her alive on Oct 4 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial infarction	
Due to Coronary Thrombosis	15 min.
Due to Hypertensive Cardiovascular disease — 10 years	
Other conditions (Include pregnancy within 3 months of death) Non-toxic thyroid adenoma	10 yrs
Rt hemiplegia 5 yrs	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leland E. Hosto (M. D. or other) MD
Address 3773 S. Kingshighway Date signed 11-4-48

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin N McDermott

Licensed Embalmer No. 3024

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.