

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39132

318

1003

Registrar's No. 10400

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 39132		Registrar's No. 10400	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY <i>MO</i>				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (in this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <i>MO</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp					d. STREET ADDRESS (If rural, give location) 12 - 4512 McPherson				
3. NAME OF DECEASED (Type or Print) a. (First) Chas.			b. (Middle) T.		c. (Last) O'connor		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1949		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unknown - abt 65		9. AGE (In years last birthday) 10 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Law Firm		11. BIRTHPLACE (State or foreign country) Unknown			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Elsa Marjory O'Connor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tomas Baker Pierce Bldg. 4th & Pine				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia;</i> ANTECEDENT CAUSES <i>Laceration of Scalp; suffered when deceased fell to the sidewalk at Walton and Delmar Blvd. on Nov 29 1949</i> DUE TO (b) <i>at about 6:30 am</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo 186</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Nov 29 49 6:30 A.M.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>hit</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:50 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Joseph M. Quintana</i>					23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>12/3/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>Dec. 4, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crematory</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>			
DATE REC'D BY LOCAL REG. <i>12/3/49</i>		REGISTRAR'S SIGNATURE <i>J. B. Casater</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alvander & Son 6175 Delmar</i>				

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175-2 Elm

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.