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FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39133**  
Registrar's No. **10182**

**318**

**1003**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) _____  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>   |  | d. STREET ADDRESS (If rural, give location) <u>5325 Northland Ave.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5325 Northland Ave.</u>  |  |  | d. STREET ADDRESS (If rural, give location) <u>5325 Northland Ave.</u>  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Michael</u> b. (Middle) <u>J.</u> c. (Last) <u>O'Connor</u>  |  |  | 4. DATE OF DEATH (Month) - (Day) (Year) <u>11/24/49</u>   |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>III-3-1874</u>  | 9. AGE (In years last birthday) <u>75</u>  | IF UNDER 1 YEAR Months _____ Days _____                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>  | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (State or foreign country) <u>Ireland</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>John W. O'Connor</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Catherine McCarthy</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Ida C. O'Connor</u>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____  |  | 16. SOCIAL SECURITY NO. <u>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida C. O'Connor 5325 Northland</u>   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal syndrome</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) giving the underlying cause last.<br>DUE TO (b) <u>chronic poisoning</u><br>DUE TO (c) <u>acute myocardial infarction</u><br>2. OTHER SIGNIFICANT CONDITIONS<br>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 _____   |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo</u>  |   | 21f. HOW DID INJURY OCCUR? <u>HHSX</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 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 <u>7:30 a.m.</u> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Date of file) <u>[Signature]</u>  |  | 23b. ADDRESS <u>1800 A. Lafayette Ave</u>  |   | 23c. DATE SIGNED <u>11/26/49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>11/26/49</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>   |  |  |
| DATE REC'D BY LOCAL REG. <u>NOV 26 1949</u>   | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Funeral Dir. 2849 Euclid</u>   |  |  |

WRITE PLAINLY—USING UNFADING 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

*Gustave Deuterle*

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.