

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21873

BIRTH NO. 45158 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5425

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) CREVE COEUR 4730	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION SAINT LOUIS MATERNITY			

3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Patrick		c. (Last) O'CONNOR		4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1950	
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 16, 1950		9. AGE (in years last birthday) 1 10 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME JOSEPH DENNIS O'CONNOR		13b. MOTHER'S MAIDEN NAME BETTY J HARTSFIELD		14. NAME OF HUSBAND OR WIFE Nil	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph D. O'Connor, Creve Coeur, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (28 wks gestation)					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	
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22. I hereby certify that I attended the deceased from June 16d, 1950, to June 18, 1950, that I last saw the deceased alive on JUNE 18, 1950, and that death occurred at 1:20am., from the causes and on the date stated above.

23a. SIGNATURE W. Hof-sommer, M.D.		(Degree or title)		23b. ADDRESS 630 SO. KINGSHIGHWAY ST. LOUIS, MO		23c. DATE SIGNED 6/20/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Monica		24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.	
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DATE REC'D BY LOCAL REG. JUN 21 1950		REGISTRAR'S SIGNATURE J B Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

217A

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 Etton R. Remelies

Licensed Embalmer No. 4283

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.