

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39593
 Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**

(a) County..... Registration District No. **791 / 1003 /**
 (b) Township..... Primary Registration District No. Registered No. **10580**
 (c) City **St. Louis, Mo.** (d) Street No. **BARNES HOSPITAL** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Joseph O'Connor**
 (a) Residence, No. **2043rd E. O'Bear** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX M	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SADIE O'CONNOR				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 2, 1869				
7. AGE YEARS 68	MONTHS 5	DAYS 12	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BASEBALL			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MISSOURI				
FATHER	13. NAME PATRICK O'CONNOR			
	14. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME JOHANNA CONNORS			
	16. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY)			
17. INFORMANT WIFE, Sadie O'CONNOR (ADDRESS) 2043rd E. O'BEAR				
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY Cem. DATE Nov. 16, 1937				
19. FUNERAL DIRECTOR Arthur J. Honnelly (ADDRESS) 3840 Lindbergh Blvd.				
20. FILED NOV 15 1937 J. F. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1937	
22. I HEREBY CERTIFY, That I attended deceased from 11-13 , 19 37 , to 11-14 , 19 37 . I last saw him alive on 11-14 , 19 37 . Death is said to have occurred on the date stated above, at 8:25 a.m. The principal cause of death and related causes of importance were as follows: Adenocarcinoma of Rectum, Arteriosclerotic Heart Disease, Auricular Fibrillation, Intestinal obstruction, Bronchial Pneumonia Date of onset 11-13-37 Other contributory causes of importance: Name of operation none Date of	
What test confirmed diagnosis?	
Was there an autopsy?	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?	
Date of injury	
Where did injury occur?	
(Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? No If so, specify	
(Signed) Stephen S. Collins , M. D. (Address) BARNES HOSPITAL	