

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30987
 Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1008

(c) City..... (d) Street No. St. John's Hosp. 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 Peter S. O'Connell, 254

(a) Residence, No. 1520 Grape Ave. St. 8 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	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 Annie O'Connell			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1884			
7. AGE	YEARS 53	MONTHS 11	DAYS 17
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant		
	9. Industry or business in which work was done, as saw mill, bank, etc. Commission		
	10. Date deceased last worked at this occupation (month and year).....		
		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.			
FATHER	13. NAME Peter S. O'Connell		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.		
MOTHER	15. MAIDEN NAME Hattie Stewart,		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.		
17. INFORMANT (ADDRESS) Mrs. Annie O'Connell 1520 Grape Ave.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 9/28/38			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.			
20. FILED SEP 27 1938 J. F. Bredek <small>Local Registrar.</small>			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **August 29, 1938** to **September 24, 1938**
 I last saw **him** alive on **September 24, 1938**. Death is said to have occurred on the date stated above, at **1.25 P.M.**
 The principal cause of death and related causes of importance were as follows:
Cardiac Failure
Mitral Regurgitation Date of onset **9/23/38**

Other contributory causes of importance:
Adeno Carcinoma of Cecum + Ascending Colon about 4 months duration

Name of operation **Resection tumor bowel** Date of **9/22/38**
 What test confirmed diagnosis? **Pathology**, Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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 **Charles W. Gulman**, M. D.
 (Signed) **Charles W. Gulman**
 (Address) **5183 Cabanne Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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, above space should be left blank.