

STANDARD CERTIFICATE OF DEATH

State File No. 30547

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7824

1. PLACE OF DEATH:

(a) County S
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOHN'S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME HARRY W. O'CONNELL

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHANNA 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased APRIL 5 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 12 hr. min.

9. Birthplace CARRO ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED PAINTER CONTRACTOR

11. Industry or business SELF

12. Name JOHN W. O'CONNELL

13. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name ANNA DOLAN

15. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna O'Connell

(b) Address 7435 BYRON

17. (a) BURIAL (b) Date thereof 9-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Pullen & Kelly

(b) Address 1116 N. TAYLOR AVE

19. (a) SEP 19 1940 (b) J.P. [Signature]
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town CLAYTON NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7435 BYRON
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1940 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from 8/18/40 1940 to 9/17 1940
that I last saw him alive on 9/17
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Gall Bladder and Gallstones
Duration 6 mo
Due to Gallstones years

Due to Primary site gall bladder
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations no
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature John M. [Signature] (M. D. or other)
Address 116 Meliopoltau Bldg Date signed 9/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *James A. Sammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.