

NOV 16 1940 **791**

Registration District No. _____

Primary Registration District No. **1003**

33

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Josephine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 minutes**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Verndetta O'Connell**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph O'Connell** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **February 19 1907**
(Month) (Day) (Year)

8. AGE: Years **33** Months **8** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Castina Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER { 12. Name **Harry Rogue**

18. Birthplace **Denmark**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Porter**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph O'Connell**

(b) Address **3908a Flad Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 9 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S.S. Peter & Pauls Ch.**

18. (a) Signature of funeral director **E. J. Schurr**

(b) Address **E. J. Schurr 3125 Lafayette**

19. (a) **OCT 8 1940** (b) **J. P. ...**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3908a Flad Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7th**
year **1940** hour **3:00** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocardial with acute dilatation** Duration _____

Due to _____
Due to _____

Other conditions **Parturition**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____ (Specify means of injury)

23. Signature **E. J. Schurr** (M. D. or other) _____

Address **3125 Lafayette** Date signed **10/7/40**

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 Joseph Vollmer
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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.