

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2825**

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2608 S. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK G. O'CONNELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased MAY 5 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation ELECTRICIAN

11. Industry or business Electrical Industry

12. Name Thomas O'Connell

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

14. Maiden name MARY GRADY

15. Birthplace Retroit Mich
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA M. O'CONNELL

(b) Address 7 JANNSEN PL., KANSAS CITY MO

17. (a) BURIAL (b) Date thereof 4-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY Cemetery

18. (a) Signature of funeral director SULLIVAN BROS

(b) Address 2849 N. Euclid Ave

19. (a) MAR 31 1941 (b) J. Thredecker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2926 N. Newstead Ave
(If rural, give location)
(e) No. Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 3 day 29
year 1941 hour 12:30 minute P.

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

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

Immediate cause of death Arterio Sclerosis with Chronic Myocardial Fibrosis
Due to Coronary Chronic Adhesive Arteriosclerosis Malignant Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____

23. Signature Thomas J. Callahan (M. D. or other)

Address Deputy Coroner Date signed 3/31/41

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

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9

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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

Albert Mayfield

Licensed Embalmer No.

3077

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, above space should be left blank.