

STANDARD CERTIFICATE OF DEATH

Registration District No. **791** Primary Registration District No. **1003**

1. 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: **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Genevieve Connell**

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

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S./I**

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

7. Birth date of deceased **Unk. Unk. 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **Unk.** Days **Unk.** If less than one day hr. min.

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

10. Usual occupation **Public School Teacher**

11. Industry or business

12. Name **John Connell**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary O'Donnell**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary Connell**
(b) Address **5463 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **5-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (e) Signature of funeral director **Arthur J. Connolly**
(b) Address **3840 Lindell Blvd.**

19. (a) **MAY 2 1941** (b) **J. H. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **1003**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1217**
(d) Street No. **5463 Delmar Blvd.**
(If rural, give location) **9**
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th.** year **1941** hour **7** minute **40** P. A. M.

21. I hereby certify that I attended the deceased from **1938**, 19____, to **Apr 30**, 19**41**;
that I last saw **her** alive on **Apr 30**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia, lobes RT
Due to **Arteriosclerosis, fibrous, Toxic agent**
Due to _____

Other conditions **Cancer of breast**
(Include pregnancy within 3 months of death) **1 1/2 yrs**

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **E. M. Charles** (M. D. or other) **MD**
Address **632 [Address]** Date signed **5-1-41**

Duration
5 days
3 day
2 yrs
3 yrs
1 1/2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rindell

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, fact should be so stated above.