

1. PLACE OF DEATH:

(a) County ST. LOUISE
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
437 SELMA AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 31 YRS. 1 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME LOUISE O'CONNELL
3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST-16-1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN WENDELL PETERS
13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name GERTRUDE JANSEN
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Peters
(b) Address 437 SELMA AVE.

17. (a) BURIAL (b) Date thereof NOV 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL

18. (a) Signature of funeral director Parker & Co.
(b) Address WEBSTER GROVES MO.

19. (a) NOV 27 1941 (b) E. H. McHann
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES 096
(If outside city or town limits, write "RURAL")
(d) Street No. 437 SELMA AVE 7
(If rural, give location) 4
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day NOV
year 1941 hour 8 minute A M.
21. I hereby certify that I attended the deceased from
6-16 1941 to NOV. 26 1941
that I last saw her alive on 26th day of NOV 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: malignancy, lung, 5 mo. 4
Duration
Due to _____

Due to _____
Other conditions: Diabetes mellitus
(Include pregnancy within 3 months of death) ch

Major findings: _____
Of operations 478
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Harford Phillips (M. D. or other) _____
Address 1717 1/2 Union Date signed _____

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 *C. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Webster Grove*

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.

MAY 1919