

FILED MAR 17 1942
 Registration District No. 291

Primary Registration District No. 1003

Registrar's No.

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:
3518a Arsenal St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary O'Connell

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

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

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

7. Birth date of deceased Sept. 16, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	4	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name William Meehan

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

14. Maiden name Don't know

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

16. (a) Informant Michael O'Connell

(b) Address 3518a Arsenal St.

17. (a) Burial (b) Date thereof Feb. 23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) 3 21 1003 (b) J. D. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3518a Arsenal St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
 year 1942 hour 8 minute 40 P.A.M.

21. I hereby certify that I attended the deceased from over 7
 _____ 1941 to Feb 20 1942
 that I last saw her alive on Feb 20 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
with pulmonary edema
and nephritis chronic
 Due to _____

Duration

not known

Due to arteriosclerosis

Other conditions _____
(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) (e) Means of injury D
 23. Signature Paul Brown (M. D. or other) MD
 Address Paul Brown 825 1/2 Ave Date signed Feb 21/42

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

Howard H. Rawlins

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Mo*

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.