

No. 2  
-5-42  
5-17-39  
K32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4605**  
Registrar's No. **1291**

**FILED FEB 18 1943**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution 5053 Lindenwood Ave  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5053 Lindenwood Ave  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Francis O'Connell  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 8<sup>th</sup>  
year 1943 hour 7:00 minute A M.  
21. I hereby certify that I attended the deceased from June 1<sup>st</sup>  
1942 to Feb 7<sup>th</sup> 1943;  
that I last saw him alive on Feb 7<sup>th</sup> 1943;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married 1 divorced, 1 married  
(b) Name of husband or wife Grace O'Connell  
(c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Sept 30 1880  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Due to Arterio-sclerosis  
Other conditions (Include pregnancy within 3 months of death) None  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
62 4 19 hr. min.  
9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation retired 4 years

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Michael O'Connell  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ward  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Francis Ward  
(b) Address 5053 Lindenwood  
17. (a) Burial (b) Date thereof 2-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Francis Ward  
(b) Address 4228 So. Kingshighway Blvd  
19. (a) FEB 9 1943 (b) J. F. Bradick  
(Date received local registrar) (Registrar's signature)

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 Arthur H. Rollings (M. D. or other)  
Address 1722 Olive St Date signed 2/8/43

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

Dr Arthur Redding  
1722 Olive St.  
9-11 & 2-51

**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 Richard W. Storvick

Licensed Embalmer No. 4007

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, fact should be so stated above.**