

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____
Registrar's No. **7830**

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: 2819 HICKORY 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 John Joseph O'Connell

3. (b) If veteran, name war No 3. (c) Social Security No. 702-03-9953

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

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

7. Birth date of deceased JUNE 24 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES O'CONNELL
13. Birthplace UNK. UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ANN UNKNOWN
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances O'Connell

(b) Address 2819 Hickory St

17. (a) BURIAL (b) Date thereof Sept 11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schur

(b) Address 3125 10th St

19. (a) SEP 7 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 22 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2819 Hickory ST. 9 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1946 hour 9 minute 45 pm.

21. I hereby certify that I attended the deceased from 3-12-35
to 9-7 1946

that I last saw him alive on 9/3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Ch. Myocarditis

Due to _____

Due to _____

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 0

23. Signature P. V. Quinn (M. D. or other) _____

Address 2767 1/2 Park Ave Date signed 9/9/46

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.....

Jose Bolmer

Licensed Embalmer No. *21014*

P. O. Address *3125 Lafayette, en*

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.