No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

hist. 10734

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29377

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 7996

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1836 Menard St. (If rural, give location) 23 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: IDA O'CONNELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: David O'Connell

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: February (Month) ? (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
abt	57	6	?	hr. min.

9. Birthplace: Alton, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: John Rose

13. Birthplace: (City, town, or county) Illinois (State or foreign country) 1

MOTHER 14. Maiden name: Don't Know

15. Birthplace: Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant: David O'Connell

(b) Address: 1836 Menard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

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

(b) Address: 2201 S. Grand Bl.

19. (a) AUG 22 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st year 1947 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from 8-19-47, 19..., to 8-21-47, 19...; that I last saw her alive on 8-21-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardio vascular disease	?
Due to: Diabetes Mellitus, mild	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: K. D. Gregory (M. D. or other)

Address: 1515 Lafayette Date signed

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

AUG 23 1947

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.