. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 18 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32864
Primary Registration District No. 1003
Registrar's No. 8499

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: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Clayton Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 841 Audubon Drive 3
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elinoir 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13th (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	25	hr. min.

9. Birthplace St. Louis (City, town, or county) MO. (State or foreign country)
10. Usual occupation At. Home
11. Industry or business
FATHER
12. Name John W. O'CONNELL 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Dolan
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. J. KANE
(b) Address 841 Audubon Drive-Clayton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) SEP 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1847 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Aug 11th 1947 to Sept 7th 1947
that I last saw her alive on Sept 7th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignancy of Liver	2 mos.
Due to	
Due to	
Other conditions Skin Metastases (Include pregnancy within 3 months of death)	2 mos.

Major findings:
Of operations —
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 0
23. Signature Alphonse McMahon (M. D. ~~or other~~)
Address 806 Mo. Theatre Bldg Date signed 9/8-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

63K - N. Bearing
1-K

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.