No. 300
10-48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25088

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6592

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) –
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hospital Assn.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~XXXXXXX~~ Missouri
b. COUNTY –
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2109
d. STREET ADDRESS (If rural, give location) 4132 W. Lexington Ave., St. Louis, Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) John
c. (Last) O'Connell

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 22, 1909
9. AGE (In years last birthday) 42 — If under 1 year: Months 6, Days –; If under 24 hrs.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) East St Louis Ill
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David J O'Connell
13b. MOTHER'S MAIDEN NAME Anne Stokes
14. NAME OF HUSBAND OR WIFE Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 702-09-2036
17. INFORMANT'S SIGNATURE OR NAME Frances O'Connell
ADDRESS 4132 W. Lexington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease
Possible cerebrpal vascular accident — INTERVAL BETWEEN ONSET AND DEATH –

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) –
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) –
21c. (CITY, TOWN, OR TOWNSHIP) – (COUNTY) (STATE) –
21d. TIME OF INJURY (Month) – (Day) – (Year) – (Hour) – m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? – – 4H3X

22. *I hereby certify that I attended the deceased from* July 21, *19* 51, *to* July 22, *19* 51, *that I last saw the deceased alive on* July 22, *19* 51, *and that death occurred at* 9:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE John Vandover (Degree or title) MD
23b. ADDRESS 1504 S. Grand Blvd. St. Louis
23c. DATE SIGNED 7-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 7-25-1951
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. JUL 24 1951
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Ortmann Funeral Home
ADDRESS Overland Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John Keller

Licensed Embalmer No. 3880

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.