

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18788

State File No. ....

No. 300  
10-48

FILED MAY 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1150

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berkeley City</b> <span style="float: right;">4091</span>	
c. LENGTH OF STAY (in this place) <b>D.O.A.</b>		d. STREET ADDRESS (If rural, give location) <b>6139 Shillington</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Daniel</b>	b. (Middle) <b>F.</b>	c. (Last) <b>O'Connell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4/28/52</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Singel</b>	8. DATE OF BIRTH <b>Oct 7 1932</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Machine Operator</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert O'Connell</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Holden</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>491 34 9932</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara Overstreet</b>	ADDRESS <b>6139 Shillington</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intracranial brain damage-suffered when the automobile in which he was a passenger collided with another automobile, causing deceased to be thrown from the car.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>a passenger collided with another automobile, causing deceased to be</b>		
	DUE TO (c) <b>thrown from the car.</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>see 8164</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>26</b> (COUNTY) <b>St. Louis</b> (STATE) <b>Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4/28/52 7:08 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Blunt impact</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold J. Willman</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>5/1/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-1-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Collins Funeral Home</b> ADDRESS <b>10123 St. Chas. Rd.</b>
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SW (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas

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.