

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12648

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis Mo.** Primary Registration District No. **1003**
 City **St. Louis** (N. **St. Louis** **Attenheim**)
 Registered No. **3181** St. _____ Ward _____

2. FULL NAME

Ossie O'Connell
 (a) Residence. No. **5408 So. Broadway** St., **15** Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept. 30 - 1848**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 **5** **12**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **at Attenheim**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**

14. INFORMANT (Address) **Gustave Schum**
5408 So. Broadway

15. FILED **1929** **Mar 11** **St. Louis**
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 11 1929**
17. I HEREBY CERTIFY That I attended deceased from **Jan 29, 1929** to **Mar 11, 1929**
 that I last saw him alive on **Mar 5, 1929**, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis
92 AC valvular disease
93C
97 (duration) **Chest. Lys.**
 CONTRIBUTORY (SECONDARY) **Arterial Sclerosis** (duration) **hypertension** ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **Chiles** M. D.
 3/12, 1929 (Address) **1965 M. ex Bldg**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mo. Crematory** **3-14-1929**
20. UNDERTAKER **ziegenheim Bros. 2623 6th**
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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