

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

Do not use this space.

19908

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **1732 Otallon St**) St. Ward)

File No.....
 Registered No. **5934**
 St. Ward)

2. FULL NAME

Daniel P. O'Connell
 (a) Residence. No. St. **235** 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 55 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Boiler Maker 45**
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St Louis Missouri**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Patrick O'Connell**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland 15**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Bridget McDonough**

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

14. INFORMANT **William J. O'Connell**
 (Address) **1732 Otallon St**

15. FILED **May 25 1931** **Up O'Farrell**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5/23-1931**

17. I HEREBY CERTIFY, That I attended deceased from **Sept-15-1931** to **Sept-23-1931** that I last saw him alive on **Sept-22-1931** and that death occurred, on the date stated above, at **1508** m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hodgkins' Disease

CONTRIBUTORY (SECONDARY) **72 B**
 (duration) yrs. **8** mos. **13** 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) **Dr Joseph Schofer M.D.**
5/24, 1931 (Address) **333 University Club**

*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 DATE OF BURIAL

Calvary Cemetery 5/26 1931

20. UNDERTAKER ADDRESS

Arthur J. Donnelly 2039 Wash St

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.

W. H. ...

12-1

12-1