

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 7911
 Township Primary Registration District No. 1000
 City St. Louis (No. Missouri Baptist Hosp.)
 Registered No. 7883
 Ward 6

2. FULL NAME

Loretta Irene O'Connell
 (a) Residence, No. 5965 a Theodosia St. Ward 6
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. O'Connell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME James Lewis

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

15. MAIDEN NAME Catherine Lewis

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

17. INFORMANT John M. O'Connell (ADDRESS) 5965 a Theodosia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 8, 1938

19. UNDERTAKER John P. Collins & Son (ADDRESS) 1924 N. Washington Blvd

20. FILED FEB - 7 1938 W. C. ... Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5th 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1938 to Feb 5 1938
 I last saw her alive on Feb 4th 1938. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:
Crater Cardiac dilatation 142B 139B 95B
142B 139B 95B Date of onset
Feb 4th 1938

Other contributory causes of importance:
Ectopic Pregnancy
ruptured Jan 30/38
 Name of operation Right Salpingectomy Date of op. Jan 30/38
 What test confirmed diagnosis? Abdominal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify John P. Collins & Son M. D.
 (Signed) W. C. ... (Address) Missouri Baptist Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Spencer