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.

FEB 27 1934

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

Do not use this space.

3274

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. De Paul Hospital St. ..... Ward)

File No. 935

Registered No. .....

2. FULL NAME Mary Elizabeth O'Connell

(a) Residence, No. 3527 Fair St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: James P. O'Connell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5th 1883

7. AGE: YEARS 50 | MONTHS 5 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Birmingham, Ala, Alabama

FATHER

13. NAME: Unknown Amos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER

15. MAIDEN NAME: Unknown Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

17. INFORMANT (ADDRESS): James P. O'Connell 3527 Fair

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Jan 27th 1934

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Ulo 3840 Lindell B

20. FILED ..... 19 J. F. Biedick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 24, 1934

I last saw her alive on Jan 24, 1934. Death is said to have occurred on the date stated above, at 9:40 P.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis (not puerperal) due to colon bacillus - entra peritoneal abscess of ovary - non tubercular - non traumatic

Date of onset: March 1933

Other contributory causes of importance: Abscess of ovary due to colon bacillus

Name of operation: Exploratory laparotomy Date of Jan 19, 1934

What test confirmed diagnosis? Clinical 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? no

If so, specify .....

(Signed) Henry C. Westerman, M. D.

(Address) 2136 E Grand Blvd

Harry D. Nestleman
2136 E Grande
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