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.

JAN 11 1935

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

Do not use this space.

791

2936

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 162

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME David M. O'Connell

(a) Residence, No. 4170 Shenandoah St., 17 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: Male
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~~ Leo O'Connell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1884

7. AGE: YEARS 51 MONTHS Unknown DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
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) St Louis Mo

FATHER

13. NAME John O'Connell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Leo O'Connell (ADDRESS) 4170 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 1/7 1935

19. UNDERTAKER Arthur J Donnelly (ADDRESS) 3840 Lindell Blvd

20. FILED JAN -5 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Meningitis following fracture of bridge of nose, Lobar Pneumonia, received when struck by auto in St. Louis Mo. Deceased was a pedestrian

Date of onset

Other contributory causes of importance:

Criminal Carelessness

Name of operation 210 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Crim Care Date of injury 1/1, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Meningitis Fracture Bridge of Nose

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M.D.

(Address) Sprity Corner

1/5/35

108M-11-24-33