

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

Do not use this space.

**MAY 27 1936**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
 Township \_\_\_\_\_ Primary Registration District No. 60339  
 City Clayton (No. St. Louis County Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 16823  
 Registered No. 151

**2. FULL NAME**

(a) Residence, No. 500 Grove Ave. St. \_\_\_\_\_ 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 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 Andrew O'Connell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 7 23

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) St. Louis Mo.

MOTHER FATHER 13. NAME William McCallan

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

15. MAIDEN NAME Alice J. Emarthy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Andrew O'Connell (ADDRESS) 6200 Grove Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 4-21-36

19. UNDERTAKER W. J. ... (ADDRESS) 2281 So. ...

20. FILED 4/20 1936 Paul J. ... Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1936, to 4-19, 1936  
 I last saw him/her alive on 4-19, 1936 Death is said to have occurred on the date stated above, at ..... m.

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

Chronic nephritis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Tobacco pneumonia (left lung)

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) R. S. ... M. D.  
 (Address) St. Louis Co. Hosp.

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.

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

