

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 10 1937

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. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 5050 Wabada Ave.)..... St. Ward)

46823

File No.
Registered No. **12645**

2. FULL NAME Katherine Doras O'Connell

(a) Residence, No. 5050 Wabada Ave. St. 6 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 16, 1894</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>42</u> | <u>2</u> |
| | | 7 |
| 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>School Teacher</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. L. Bd. of Ed.</u> | | |
| 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) Mo.

13. NAME Edward O'Connell

14. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

15. MAIDEN NAME Louisa Hanicker

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

17. INFORMANT Mrs. Louisa O'Connell
(ADDRESS) 5050 Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Dec 26 1936

19. UNDERTAKER John J. ...
(ADDRESS) 2707 N. Grand St.

20. FILED DEC 24 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936, to Dec 23, 1936.
I last saw her alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clin 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) Paul Vinyard, M. D.
(Address) 3718 Olive St

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