

FILED JUL 21 1941 791

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 4724

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6458 Wise Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Mary E. O'Connell

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeremiah O'Connell 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 1st 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 4 If less than one day  
.....hr. ....min.

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John O'Connell

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Murphy

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant John O'Connell

(b) Address 6458 Wise Ave.

17. (a) Calvary Burial (b) Date thereof 6-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 6 1941 (b) L. W. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 411  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 6458 Wise Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1941 hour 4:20 minute P.M.

21. I hereby certify that I attended the deceased from May 26  
1941 to June 5 1941  
that I last saw her alive on June 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis, caused  
by Acute Rheumatic fever  
(inflammatory) cause unknown  
Due to 10 days  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? 0 (c) Means of injury.....

23. Signature L. W. Braddock (M. D. or other) 0  
Address 1100 Wheaton Date signed June 10 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0  
2  
5

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**