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M—1-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32527

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1952

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clark Hgts (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 10 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3166 a California Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Danial O'Connell
3. (b) If veteran, name war
3. (c) Social Security No. 496-12-8661
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lois
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May (Month) 2 (Day) 1881 (Year)

8. AGE: Years 60 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Sleeper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Machinist
11. Industry or business
FATHER
12. Name Tim O'Connell
13. Birthplace County Cork (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lois O'Connell
(b) Address 3116 a California Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews
18. (a) Signature of funeral director Hacker-Helderle Und. Co.
(b) Address 3634 Gravois Ave
19. (a) SEP 19 1941 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 th. year 1941 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death While riding as a passenger in an auto that collided with a truck on a public highway.
Due to
Due to Fracture of ribs; hypostatic pneumonia; cardiac hypertrophy;
Other conditions fatty infiltration of liver; generalized arteriosclerosis (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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) Accident
(b) Date of occurrence Sept. 2, 1941
(c) Where did injury occur? Highway 61 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H Bopp Brother
Address Kirkwood, Mo. 9/19/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland

Licensed Embalmer No. 2675

P. O. Address St Louis Mo

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.