

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

DEC 22 1941

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

791

Primary Registration District No. \_\_\_\_\_

100.3

Registrar's No. \_\_\_\_\_

9398

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: City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. November 8, 1934  
30yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St. (If rural, give location)  
(e) Citizen of foreign country? Yes. (Yes or No)  
If yes, name country Ireland.

3. (a) PRINT FULL NAME

Daniel O'Connell

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 20, 1847

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

94

6

X

hr. \_\_\_\_\_ min.

9. Birthplace

Ireland. Foreigner

(City, town, or county)

(State or foreign country)

10. Usual occupation

Electrician.

11. Industry or business

X

12. Name

Daniel O'Connell

13. Birthplace

Ireland 4

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Kelleher

15. Birthplace

Ireland 4

(City, town, or county)

(State or foreign country)

16. (a) Informant

6 Mrs. M. J. ... 5800 Arsenal St.

(b) Address

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof 11-27-41

(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen & Kelly

(b) Address 1416 N. Taylor Ave.

19. (a) NOV 27 1941

(Date received local registrar)

J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month November day 20,  
year 1941 hour 10:00 minute a. M.  
21. I hereby certify that I attended the deceased from November 8,  
1934 to November 20, 1941  
that I last saw him alive on November 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration \_\_\_\_\_

Due to Bronchiectasis

Due to \_\_\_\_\_

Other conditions Gen. arteriosclerosis  
(Include pregnancy (child 3 months of death))  
Prostatic hypertrophy

Major findings:  
Of operations \_\_\_\_\_

Of autopsy The above

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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury 6

23. Signature Brent Blaney, MD  
Address 2600 Arsenal Date signed 11/25/41

**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. *Myself*

Signed

*Glen E. Henderson*

Licensed Embalmer No. *4141*

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.**