

V. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
I X2948A

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16512

State File No.

Registrar's No.

4642

FILED JUN 10 1942 291

Registration District No.

Primary Registration District No. 1003

000  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
700 Union Blvd.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 700 Union Blvd.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Addie O'Connell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 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 November 20, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 6 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Patrick O'Connell

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

14. Maiden name Catherine Royce

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

16. (a) Informant Mrs. W. E. Roberts

(b) Address 5251 Cabanne Avenue

17. (a) Burial (b) Date thereof 5-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. P. Stewart

(b) Address 1225 Union Blvd.

19. (a) MAY 27 1942 (b) J. F. Bredenk  
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1942 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 8-30 1939 to 5-26 1942  
that I last saw her alive on 5-19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction

Due to Coronary Occlusion

Due to Coronary Disease

Other conditions: Parkinson's Disease

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations GH

Of autopsy GH

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)

23. Signature Stanford Phillips (M. D. or other).....  
Address 1117 W. Union Date signed 5-27-42

(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

*Bernard R. Stuart*

Licensed Embalmer No. *3500*

P. O. Address. *1225 Union, Ind.*

**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.**