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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 428

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: 5201 Bancroft /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County - - - - 17
(c) City or town St. Louis 914
(If outside city or town limits, write "RURAL")
(d) Street No. 5201 Bancroft
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country - - - - - - - 0

3. (a) PRINT FULL NAME PATRICK W. 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 married
6. (b) Name of husband or wife Catherine O'Connell
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 11, 1890 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation water dept. foreman
11. Industry or business city sanitarium
FATHER
12. Name Thomas O'Connell
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Johanna White
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Catherine O'Connell
(b) Address 5201 Bancroft
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Harrigan-Sheahan
(b) Address 4415 Washington Blvd.
19. (a) JAN 15 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1943 hour six minute :45 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to 1-13, 1943 that I last saw him alive on 1-13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis of cerebral arteries with thrombosis	8 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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? (e) Means of injury
23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 1/15/43

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1943

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 Homer H. Dritz

Licensed Embalmer No. 3882

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.