

FILED JUL 21 1947 318

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firman Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO
(c) City or town St Louis MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1506 A Destrahan Str
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John J Oconnel 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased April 15 TH 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76----- 3-- 0--- hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Joseph J Shurmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Catherin Klein
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Oconnel
(b) Address 1506 Destrahan 1947

17. (a) July 18 Th (b) Date thereof July 18 Th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward J. Cook
(b) Address 3516 N 14 Th Str

19. (a) J. F. Bredeek (Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15 1947 to July 15 1947
that I last saw her alive on July 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Generalized Atherosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy _____

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? No (Specify type of place) (e) Means of injury _____

Signature J. F. Bredeek (M.D. or other) _____
Address 116 N. Central Date signed 7/15

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

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 Rex E. Campbell

Licensed Embalmer No. 3881

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.