

National Office of Vital Statistics
FILED APR 23 1948
Registration District No. 918

Primary Registration District No. 1003

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:
3958 McRee Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3958 McRee Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Thomas J. O'Connell

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

4. Sex..... M. 5. Color or race..... W.
6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Gertrude O'Connell
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... July 29, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 11 hr. min.

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

10. Usual occupation..... Traffic Manager

11. Industry or business..... Laclede Stoker

MOTHER FATHER
12. Name..... William John O'Connell
13. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
14. Maiden name..... Elizabeth Kyne
15. Birthplace..... Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Gertrude O'Connell
(b) Address..... 3958 McRee Ave.

17. (a) Burial..... Burial (b) Date thereof..... 4-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Arthur J. Donnelly
(b) Address..... 3840 Lindell Blvd

19. (a) APR 12 1948 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th.
year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 10, 1948
to April 10, 1948
that I last saw him alive on April 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion 1 day

Due to.....
Coronary Atherosclerosis

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of 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..... J. J. Bredek (M. D. or other) MD
Address..... St. Louis, Mo. Date signed..... 4/10/48

WRITE PLAINLY—USING 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..... *W. H. Vanmatre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.