V.S. No. 300
Rev. 10-48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

35465

State File No. 9700

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9700

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DE PAUL HOSP 2415 N KH

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2069
d. STREET ADDRESS (If rural, give location): DE PAUL HOSP 2415 N KINGS WAY

**3. NAME OF DECEASED** (Type or Print)
a. (First): SISTER
b. (Middle): LORETTO (ANNA MARYA)
c. (Last): O'CONNELL

**4. DATE OF DEATH** (Month) (Day) (Year): NOV 2 1951

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED
**8. DATE OF BIRTH**: Oct 28 - 1870
**9. AGE** (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RELIGIOUS
**10b. KIND OF BUSINESS OR INDUSTRY**: SISTER OF CHARITY
**11. BIRTHPLACE** (State or foreign country): BOSTON MASS
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: MICHAEL O'CONNELL
**13b. MOTHER'S MAIDEN NAME**: ANNA UNKNOWN
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes (If yes, give war or dates of service): Spanish Ameridan War
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Sister Andrea DePaul Hospital — ADDRESS:

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 2043

22. *I hereby certify that I attended the deceased from* 1948 *to* 11-2, 1951, *that I last saw the deceased alive on* 11-1, 1951, *and that death occurred at* 64 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Oliver Abel Jr MD
**23b. ADDRESS**: 4952 Maryland
**23c. DATE SIGNED**: 11-2-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: NOV 5-51
**24c. NAME OF CEMETERY OR CREMATORY**: CALVARY
**24d. LOCATION** (City, town, or county): ST LOUIS (State): MO

**DATE REC'D BY LOCAL REG.**: NOV 2 1951
**REGISTRAR'S SIGNATURE**: J. Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Cullen-Kelly — ADDRESS: 4386 Lindell

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed James A. Lammers.

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

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.