

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40954

State File No.

FILED DEC 4-1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11163

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) Minnie Genevieve O'Connell		4. DATE OF DEATH Nov. 24, 1953		5. STREET ADDRESS 4406 Forest Park Blvd.		
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH May 30, 1874		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Joseph Gruenfelder		13b. MOTHER'S MAIDEN NAME Barbara Egli		
14. NAME OF HUSBAND OR WIFE Frank James O'Connell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Mildred O'Connell		ADDRESS 4406 Forest Park		MEDICAL CERTIFICATION		
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonitis or tracheo-bronchitis				INTERVAL BETWEEN ONSET AND DEATH 10 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Pulmonary Emphysema		years.				
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 501X		
22. I hereby certify that I attended the deceased from 11-19, 1953, to 11-24, 1953, that I last saw the deceased alive on 11-23, 1953, and that death occurred at 1.30A m., from the causes and on the date stated above.						
23a. SIGNATURE John J. Hammond M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 11/24/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-53		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Centry St. Louis, Mo.		
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE C. Smith		ADDRESS 3840 Lindell		
DATE REC'D BY LOCAL REG. NOV 24 1953		REGISTRAR'S SIGNATURE J. Donnelly		ADDRESS 3840 Lindell		

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.