

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

12766

791

**1. PLACE OF DEATH**

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. ....

City **St. Louis**

(No. **H 567 N. Market**)

File No. ....

Registered No. **3301**

St. ....

Ward) ....

**2. FULL NAME**

**Catherine Connors**

(a) Residence. No. **4567 N. Market St., 11** Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX **Female** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 11<sup>th</sup> 1929**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min. **4**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Baby**

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**

(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Michael Connors**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ireland**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Margaret Burke**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ireland**

(STATE OR COUNTRY)

14. INFORMANT **Margaret Connors**

(Address) **4567 N. Market**

15. FILED **MAR 16 1929** **W. C. Stanley** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 15 1929**

17. I HEREBY CERTIFY, That I attended deceased from **3-11-1929** to **3-15-1929** that I last saw her alive on **3-15-1929**, and that death occurred, on the date stated above, at **10:50 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Melancholia (Hydrocephalus & Spina tipical)**

**157A**  
**157B** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **157C** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **157D**

IF NOT AT PLACE OF DEATH **B** DID AN OPERATION PRECEDE DEATH? DATE OF **3-16-1929** WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS **W. H. White**, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. **3-16-1929** (Address) **28034 Kings Highway**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cemetery** DATE OF BURIAL **Mar 16 1929**

20. UNDERTAKER **W. C. Stanley** ADDRESS **5525 Eastern**

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