

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

Do not use this space.

**26700**

**1. PLACE OF DEATH**

County.....

Registration District No. **781**

Township.....

Primary Registration District No. **1025**

City **St. Louis**

(No. **City Hospital**)

File No.....

Registered No. **7891**

St. .... Ward)

**2. FULL NAME** **Edw. Connors**

(a) Residence, No. **3921 Pennsylvania St.** **24** Ward.

Length of residence in city or town where death occurred **Life** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 5 - 1899**

7. AGE YEARS **31** MONTHS **10** DAYS **9** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **James Connors**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Mary unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Hospital information**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Olive Ch** DATE **July 17** 19**31**

19. UNDERTAKER **Eg Schurr** (ADDRESS) **3125 Lafayette Ave**

20. FILED **10** 19**31** **Max J. Starnes** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1931**

22. I HEREBY CERTIFY That I attended deceased from **July 13** 19**31** to **July 14** 19**31**. I first saw him alive on **July 14** 19**31**. Death is said to have occurred on the date stated above, at **2:50 P.M.**

The principal cause of death and related causes of importance were as follows:

**Incarcerated Right Inguinal Hernia**

Other contributory causes of importance:

**Perforated Duodenal Ulcer, generalized peritonitis**

Name of operation **Operation Reduction of Hernia** Date of **July 14 1931**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify **Raymond H. Cole**, M. D.

(Address) **City Hospital**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

