

FEB 12 1938

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

479
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital #1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Pete. CONNORS 562**

(a) Residence, No. **7609 Jerome Ave.** St. **NR Maplewood, Mo.**
 (Usual place of abode, if no street address, write county or city) (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) **December 3, 1878.**

7. AGE **58** YEARS MONTHS **11** DAYS **3** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as 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) **Unknown** (STATE OR COUNTRY) **Ireland**

FATHER 13. NAME **Daniel Connors**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Catherine Ryan**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs. Elliott** (ADDRESS) **7609 Jerome Ave., Maplewood, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **November 8, 1937**

19. FUNERAL DIRECTOR **Jay B. Smith Funeral Home** (ADDRESS) **7456 Manchester Ave., Maplewood, Mo.**

20. FILED **JAN 11 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9/1/37**, 19, to **11/6/37**, 19.
 I last saw him live on **11/6/37**, 19. Death is said to have occurred on the date stated above, at **9.40 a**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum

Other contributory causes of importance:

Name of operation **Colostomy** Date of **9/28/37**
 What test confirmed diagnosis? Was there an autopsy? **no**

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 (Signed) **J. F. Bredeck**, M. D. (Address) **City Hospital No. 1**

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.

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STATEMENT BY LICENSED EMBALMER

I, Howard Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Howard Rowland

Licensed Embalmer No. 3114

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.)