FEB 16 1938

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

Do not use this space.

File No. 4167

Registered No. 125

1. PLACE OF DEATH

County: Saint Louis — Registration District No.: 96

96 Township: Carondelet — Primary Registration District No.:

City: Jefferson Barracks (No. Vet Asp St. Ward)

2. FULL NAME O' Bie CONNER 560

(a) Residence, No. 3130 Lucas Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	0	22	

OCCUPATION

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

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) (STATE OR COUNTRY) Pine Bluff, Arkansas. 1

FATHER

13. NAME Buck Conner 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9

MOTHER

15. MAIDEN NAME Moriah Windbusch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk Marie Schilling
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Jan. 19, 1938

19. UNDERTAKER Chas Gates
(ADDRESS) 4107 Gimsey Ave.

20. FILED 1-18 1938 T R Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1938, to January 14, 1938

I last saw him alive on January 14, 1938 Death is said to have occurred on the date stated above, at 4:30 P.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced (C).	Unkn.

Other contributory causes of importance:

Pneumonia, Bronchial	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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? 1

If so, specify

(Signed) C.W.HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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

I, James Arthur Johnson, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this

certificate was embalmed by Myself

Signed James A. Johnson