

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

**5314**  
Do not use this space.

REC'D MAR 14 1938

791

1. PLACE OF DEATH  
 (a) County ..... Registration District No. 1003  
 (b) Township De Louis Mo Primary Registration District No. 1003 Registered No. 1959  
 (c) City St Louis Mo (d) Street No. 1507 So 3rd  
 (If death occurred in Hospital or Institution, give its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 150 How long in U.S., or of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Faetuz Conner  
 (a) Residence, No. 1507 So 3rd St. 23  
 (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 <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 - 1938</u>		
7. AGE YEARS <u>-</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation <u>-</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Aberdeen Conner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT (ADDRESS) <u>Aberdeen Conner 1507 So 3rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis Mo</u> DATE <u>2-16-1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>W. R. B. Co. 1001 So 3rd St</u>		
20. FILED <u>J. P. Bricker</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Spontaneous Abortion  
Still Born

Other contributory causes of importance:  
Cause Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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 See above

24. Was disease or injury in any way related to occupation of deceased? ✓  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph M. Quinn M.D.  
 (Address) Deputy Conner

FEB 23 1938

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**