REC'D MAY 10 1938

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

791

12751
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3355
(c) City St. Louis (d) Street No. St. John's Hospital 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 Mary Connelly 540
(a) Residence, No. 1114 Morrison Ave. St. 22
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Connelly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1873
7. AGE: YEARS 65 | MONTHS 1 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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) (STATE OR COUNTRY): Ireland 5

FATHER
13. NAME: Robert Floyd 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Ann Byrne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mr. John Connelly, 1114 Morrison Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: April 11, 1938
19. FUNERAL DIRECTOR (ADDRESS): Arthur J. Donnelly Undt. Co., 3840 Lindell Blvd.
20. FILED APR 9 1938 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1938, to 4/7, 1938
I last saw her alive on 4/7, 1938. Death is said to have occurred on the date stated above, at 9:15 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac Lobar Pneumonia	4/2
Mitral Regurgitation	
Ac Cardiac Failure	4/7

Other contributory causes of importance:
Chr. Nephritis
Chr. Myocarditis
Mitral Regurgitation
Hypertension, Diabetes
Coma Uremia
Standing

Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
Also, specify
(Signed) George T. Nelson, M. D.
(Address) 1006 So Jefferson
4/8/38

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

1006 S.Jefferson Ave. 4 to 8

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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 Stanley Marchlewski

Licensed Embalmer No. 2868

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.)