

REC'D JUN 9 1938

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

16302

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **4163**  
 (c) City *St. Louis* (d) Street No. *St. Johns Hosp* 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

(a) Residence, No. *4028 Shaw* St. **17** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Wh</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 4 - 1842</i>		
7. AGE	YEARS <i>96</i>	MONTHS <i>3</i>
	DAYS <i>5</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Trooper</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>Manager</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <i>5</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
FATHER	13. NAME <i>Thomas Connors</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Ann Walsh</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT (ADDRESS) <i>Thomas Walsh 4028 Shaw Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cathary May 7<sup>th</sup> 1938</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>St. John's 12-25 Union Blvd</i>		
20. FILED <i>MAY - 6 1938 J. F. Bredek</i>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 1938* to *May 4 1938*  
 I last saw him alive on *5-3 1938* Death is said to have occurred on the date stated above, at *8:00* a.m.  
 The principal cause of death and related causes of importance were as follows:  
*Cerebral embolus*

Other contributory causes of importance:  
*Arteriosclerosis*  
*Chronic Myocarditis*

Name of operation ..... Date of .....  
 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? .....  
 If so, specify *Shoemaker* (Signed) *Thomas Martin* M. D.  
 (Address) *607 No. Grand*

Date of onset  
*Apr 29*

(Licensed Embalmer's Statement on Reverse Side)

Every cause of death 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.

books case 6/17

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500

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 Bernard A. J. Stuart  
Licensed Embalmer No. 3500

**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.)**