

Registration District No. 791 Primary Registration District No. 1003

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo 19
(If outside city or town limit, write "RURAL")
(d) Street No. 3852 Pine St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Jane Connor 560

8. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 2, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Peter Connor

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Aiden
(City, town, or county) (State or foreign country)

16. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant N. R. Madden

(b) Address Civil Courts Bldg

17. (a) Burial (b) Date thereof Jan 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JAN 25 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21, year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from January 10, 1940, to January 21, 1940 that I last saw her alive on January 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hypertrophy Duration _____

Due to Atherosclerosis
Due to _____

Other conditions 95%
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (g) Means of injury _____

23. Signature E. J. Green (M. D. or other) _____
Address 1515 Lafayette Date signed 1/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank J. Swann

Licensed Embalmer No.....

2245

P. O. Address.....

Soham

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.)

If this body is not embalmed, above space should be left blank.