DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29638

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1650

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin, Manchester

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton

(If outside city or town limits, write "RURAL")

(d) Street No. 124 N. Central Ave.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph P. Connor 560

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Spelbrink Connor

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March (Month) 8 (Day) 1874 (Year)

8. AGE: Years 66 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Ret Paper box Mfg.

11. Industry or business

FATHER
12. Name John Connor
13. Birthplace (City, town, or county) Ireland 5 (State or foreign country)

MOTHER
14. Maiden name Bridget ???
15. Birthplace (City, town, or county) Ireland 5 (State or foreign country)

16. (a) Informant Mrs. Ida Connor

(b) Address 124 N. Central - Clayton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEMTY

18. (a) Signature of funeral director Louis H Bopp

(b) Address Kirkwood Mo.

19. (a) AUG 30 1940 (Date received local registrar) (b) T. R. Meyer MD DeR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1940 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from July 1st, 1940, to August 28, 1940; that I last saw him alive on August 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to 93	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. or other)

Address Manchester Mo Date signed 8/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H. Bopp, Registered Apprentice No. _____ working under my personal supervision.

Signed Louis H. Bopp

Licensed Embalmer No. 9261

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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