

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7567**

RECEIVED OCT 2 1940

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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: St. Louis City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 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
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3939 Westminster
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Stephen Connolly

3. (b) If veteran, name war World War

3. (c) Social Security No. 488-18-0929

4. Sex Male 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 Dec. 26, 1892
 (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Patrick Connolly

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

14. Maiden name Mary Callahan

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

16. (a) Informant John Connolly

(b) Address 3811a Juniata St.

17. (a) Burial (b) Date thereof Sept. 11-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. C. Mayfield

(b) Address 1926 Allen Ave.

19. (a) SEP 9 1940 (b) [Signature]
 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8,
 year 1940 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from September 6, 1940, to September 8, 1940;
 that I last saw him alive on September 8, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Epilepsy
 Due to _____
 Due to _____

Duration

years

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy nothing grossly

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?

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

23. Signature Walter Ford (M. D. or other)
 Address 1515 Lafayette Ave. Date signed 9/9/40

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

MOTHER FATHER

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.....

A. J. Jansky
.....
Licensed Embalmer No..... *24149*

P. O. Address.....

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, fact should be so stated above.