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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **16231**
Registrar's No. **3749**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Enroute City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **About 41 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1726**
(If outside city or town limits, write "RURAL")
(d) Street No. **1439a Montgomery St**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Clarence Conner**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **497-01-5787**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **Oct. 3, 1895**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	6	27	hr. _____ min.

9. Birthplace **Kansas City / Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Millwright**

11. Industry or business _____

12. Name **William R. Conner**

13. Birthplace **Milton / Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Alice Conner**

15. Birthplace **Shelbyville / Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Conner**

(b) Address **1106 Montgomery St.**

17. (a) **burial** (b) Date thereof **May 3, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

(d) Signature of funeral director **Goodhart & Bowler**

(e) Address **2228 St. Louis Ave**

19. (a) **MAY 2 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30th**
year **1941** hour **5:55** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Hemorrhage from Ruptured Aortic Aneurysm; Cause Undetermined**

Due to _____

Due to _____

Other conditions: **96**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature **[Signature]** (M. D. or other) _____

Address **[Signature]** Date signed **5/2/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

Charles Goodhart

Licensed Embalmer No. *22777*

P. O. Address *St Louis Mo*

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.