

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marv's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Robert E. Connelly

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

(b) Name of husband or wife Florence Augustine 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 17th., 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 29 hr. min.

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

10. Usual occupation Asst. Post-Master

11. Industry or business _____

12. Name Peter M. Connelly

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cavanaugh

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert V. Connelly

(b) Address 545 Grandview Dr.

17. (a) Burial (b) Date thereof 9-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 18 1941 (b) C. S. Mohrman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 545 Grandview Dr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th.
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 9-6
_____ 1941 to 9-16 1941;

that I last saw him alive on 9-16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Colon 6 mon.

Due to c Intestinal Obstruction 10 days +

Due to General Enteritis

Other conditions Appendicitis 8 days

Major findings: Of operations Acute Appendix 4/6

Of autopsy Carcinoma of Colon

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

If death was due to external cause, 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 Jan. A. Bayette (M. D. or other) P.

Address 1200 S. Big Bend Date signed 9/17/41

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

OCT 6 1941

OCT 10 1941

Dr. Ben Brock
1200 A. Big Bend Rd
Tampa

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 W.H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.