

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2117
(c) City or town St. Louis,
(If outside of your town limits, write "RURAL")
(d) Street No. 1907a Franklin (R)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country C

3. (a) PRINT FULL NAME Cora Connors

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

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

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

7. Birth date of deceased 1 10 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Albert Magoby

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

14. Maiden name unknown

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

16. (a) Informant Cora Watson

(b) Address 228 E Madison

17. (a) Burial (b) Date thereof 7 23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director State of Iowa

(b) Address Kirkwood, Mo

19. (a) JUL 21 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, 1942 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 12, 1942 to July 17, 1942 that I last saw h. or alive on July 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal Tumor - unknown

Due to as to malignancy
no autopsies

Other conditions 56
(Include pregnancy within 3 months of death)

Major findings: 56
Of operations _____

Of autopsy 56

Duration

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 D. G. Smith (M. D. or other) _____

Address 2601 of better Date signed 7/24/42

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

211 512

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 Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney Ave

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.