

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County..... St. Louis,

(b) City or town..... St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7324 Vermont /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 009 / 11

(c) City or town..... City of St. Louis / 1
(If outside city or town limits, write "RURAL")

(d) Street No..... 7324 Vermont
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Nellie Connors

3. (b) If veteran, name war..... none

3. (c) Social Security No..... none

4. Sex..... female / 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..... March 17 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 2 29 hr. min.

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

10. Usual occupation..... none

11. Industry or business..... none

MOTHER FATHER { 12. Name..... Patrick Connors

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

14. Maiden name..... Bridget

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

16. (a) Informant..... Thomas J. Connors

(b) Address..... 7324 Vermont

17. (a) burial (b) Date thereof..... 6-10-43ve
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Olive Cemetery

18. (a) Signature of funeral director..... Southern Funeral Home

(b) Address..... 6322 South Grand Blvd.

19. (a) JUN 9 1943 (b) J. J. Budick
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 7
year..... 1943 hour..... 6 minute..... P.M.

21. I hereby certify that I attended the deceased from Feb 11 1943 to June 7 1943
that I last saw h..... alive on June 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chw Myocarditis / 2 yrs 4 mo

Due to.....

Due to.....

Other conditions..... Chw Glomeruli Nephritis 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... none

Of autopsy..... none

Duration

2 yrs 4 mo

2 yrs

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..... Max Starbloff (M. D. or other) M.D.
Address..... 512 Duval St. Date signed..... 6/8/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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.