

S. No. 2
OM-2-43
5-17-43
1 X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32993

State File No. _____

Registrar's No. **9206**

Registration District No. **318**

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:
4148a McRee Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
50 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0000**
17

(c) City or town **St. Louis** **9 17**
(If outside city or town limits, write "RURAL")

(d) Street No. **4148a McRee Avenue**
(If rural, give location)

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

3. (a) PRINT FULL NAME **JOHN W. CONNELL**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

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

7. Birth date of deceased **Jan. 27, 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	21	hr. min.

9. Birthplace **Louisville Ky**
(City, town or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Box Maker**

12. Name **Alphonso Connell**

13. Birthplace **Louisville Ky**
(City, town or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **Louisville Ky**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Raleigh M Beatty**

(b) Address **4148a McRee Avenue**

17. (a) **Burial** (b) Date thereof **10/20/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisville, Ky**

18. (a) Signature of funeral director **Math. Hermann & Son**
2161 East Fair Avenue
OCT 19 1943

(b) Address **2161 East Fair Avenue**

19. (a) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **18** year **1943** hour **9** minute **15 PM** M.

21. I hereby certify that I attended the deceased from **Oct. 18** at **6:15 pm**, 19**43**, to _____, 19**43**;

that I last saw him alive on **Oct 18**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration today

Due to **Myocarditis, chronic** **1 yr**

Due to _____

Other conditions: **9 2**
(Include pregnancy within 3 months of death)

Major findings: **9 2**
Of operations _____

Of autopsy _____

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 **Oct 19 1943** (M. D. or other) **M.D.**

Address **509 N Grand** Date signed **Oct 19/43**

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.