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No. 2  
-2-43  
-17-39  
X32697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 3 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10341

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 City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1.6 Months (Specify whether)  
60 Years (years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 418 S 4th  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 5800 Arsenal St  
(If rural, give location)

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

3. (a) PRINT FULL NAME CONNELLY DANIEL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0

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 7 20 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Wm. Windsheimer

(b) Address 5800 Arsenal St

17. (a) BURIAL (b) Date thereof NOV 27 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Ed A. Howard

(b) Address 4212 ST LOUIS AVE

19. (a) NOV 26 1943 (b) J. F. Burdock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 25, year 1943 hour 5:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 20, 1943, to November 25, 1943, that I last saw him alive on November 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
terminal  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

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 0

23. Signature J. F. Burdock (M. D. 0)

Address City Hospital Date signed 1-26-43

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

*Joseph A. Howard*

Licensed Embalmer No. 4139

P. O. Address.....

**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.**