

No. 2
A-5-43
5-17-39
X3687

39975

State File No.

FILED DEC 4 1943

Registration District No. 217

Primary Registration District No. 3069

Registrar's No. 2629

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. Mary's Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Infant Connelly

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

4. Sex Fem. / race Wh 5. Color or _____
6. (a) Single, widowed, married, divorced -- O
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 11 24 1943
(Month) (Day) (Year)

8. AGE: Years -- Months -- Days -- If less than one day
-- hr. 20 min.

9. Birthplace Richmond Heights Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph T. Connelly

13. Birthplace Sparta Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Anna Robinson

15. Birthplace Cedar Gap Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph T. Connelly

(b) Address 1939 McCausland Ave

17. (a) Burial (b) Date thereof Nov. 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester

19. (a) NOV 29 1943 (b) E. H. Mc Haven, M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County -- 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1939 Mc Causland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from above date to _____, 19____;
that I last saw h. e. r. alive on 11-24- _____, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Anencephalus
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

1570
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Grey Jones (M. D. or other) O
Address Little Rock Date signed 11-26-43

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

MOTHER FATHER

707

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 Not Embalmed

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

Signed M. J. Conner

Licensed Embalmer No. 2622

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.