

S. No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39652**  
Registrar's No. **11806**

FILED JAN 4 1944

Registration District No. **1318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(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 11mo, 7days.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Thomas Wm. Connors.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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. August 20 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 8 hr. \_\_\_\_\_ min.

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

10. Usual occupation Unknown

11. Industry or business ??

12. Name John Connors.

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

14. Maiden name Mary ??

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

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 12-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W. H. Carroll

(b) Address 4000 North Bridge

19. (a) DEC. 28 1943 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County 17  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 910  
(d) Street No. 5000 Arsenal 3617 N. Newstead  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country American

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1943 hour 1:45 minute 1 A. M.

21. I hereby certify that I attended the deceased from 12/18  
19 43 to 12/28 19 43  
that I last saw him alive on 12/27 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death decompensated hypertensive Duration today

Due to arteriosclerotic heart disease several  
years

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

Other conditions acute Bronchitis today  
(Include pregnancy within 9 months of death) chronic Pericarditis several years

Major findings: \_\_\_\_\_  
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 A. Wm. Carroll (M. D. or other) M.D.  
Address 5800 Arsenal Date signed 12/28/43

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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 *Frank H. Street*

Licensed Embalmer No. 2265

P. O. Address 4600 1/2 Bridge

**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.**