

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2176**

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:  
Missouri Pacific Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL") **NR.**  
(d) Street No. 10341 Manchester Rd  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James Daniel Connell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Ellen Connell 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 21th, 1861  
(Month) (Day) (Year)

8. AGE: 82 Years 9 Months 9 Days If less than one day hr. min.

9. Birthplace Jefferson City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Car Repairer Mo, Pac Railroad

MOTHER FATHER { 12. Name Maurice Connell  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Murphy  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. L. E. Connell  
(b) Address 7822 Wise Ave

17. (a) Burial (b) Date thereof 3/8/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul's Cem.

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address 6633 Clayton Rd

19. (a) MAP 7 1945 J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1945 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 3 1945 to March 5 1945  
that I last saw him alive on March 5 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 82

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature J. F. Brudick (M, D. or other) D  
Address Mo Pac Hospital Date signed 3/8/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Emb separate Cert. to filed*

MAR 7 1945

**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.....

Licensed Embalmer No.....

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.**