No. 2
M—5-43
5-17-39
I X36671

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

30475

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31644

FILED SEP 16 1946

Registration District No. 118 Primary Registration District No. 1003 Registrar's No. 7723

**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: 7324 Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 0-06
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7324 Vermont
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas J. Connors
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Abt. 64 yrs. Aby 1882 (Month) (Day) (Year)
8. AGE: Years Abt. 64 Months Days If less than one day hr. min.
9. Birthplace St. Louis, Missouri U (City, town, or county) (State or foreign country)
10. Usual occupation Custodian
11. Industry or business Public Schools
12. FATHER Name Patrick Connors
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Bridget Murphy
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dalton
(b) Address 7328 Vermont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) SEP 7 1946 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 5 year 1946 hour 1 P.M. minute M.
21. I hereby certify that I attended the deceased from 9/5/46 to 9/5/46, 19..; that I last saw him alive on 9/5/46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ernest Younger (M. D. or other) M.D.
Address 3624 Russell Date signed 9/5/46

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Wm Bentley

Licensed Embalmer No. 3653

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.**