

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3573

FILED DEC 31 1946

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Red Light
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Halla Ferry Memorial Home 4
(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) _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5920A Wabada Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter Connelly.

3. (b) If veteran, name war No 3. (c) Social Security 491-16-5743

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Connelly 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 4, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 17 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Michael Connelly

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

14. Maiden name Catherine Quinn

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

16. (a) Informant Francis Connelly

(b) Address 8544 Mora Lane

17. (a) Burial (b) Date thereof Dec 24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) 12-28-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1946 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 31st - 1946 to Dec 21, 1946 that I last saw him alive on Dec 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis left and fatty liver

Due to 93k

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

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or D. O.)

Address Tendell Trust Bldg Date signed 12-21-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Nellie Shaver
2739 N. Grand Blvd.,
J.E. 4271.

JAN 9
1942

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..... *Alfred J. Boedeker*

Licensed Embalmer No. 2663

P. O. Address. 1125 Hodiament Ave.,

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.