S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1947

State File No. 40492

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2361

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Madison 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1536 Third Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME CONNOLE, Henry
3. (b) If veteran, name war SPAW
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Connole
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July (Month) 26 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Bordan, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Lawyer & Ins. Salesman
11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address Vet.Adm.Hosp. Jeff. Brks. Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l.Cem.Jeff.Brks.Mo.
18. (a) Signature of funeral director Lahey Fu.Home
(b) Address Madison, Illinois.
19. (a) 11-18-47 (Date received local registrar) (b) Beula J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1947 hour 6:40 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 10, 1947, 19, to Nov. 15, 1947
that I last saw him alive on Nov. 15, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE CARDIOVASCULAR DISEASE, WITH RIGHT UPPER MONOPLEGIA DUE TO CEREBRAL VASCULAR XXXX ACCIDENT

Due to DIABETES MELLITUS, ARTERIOSCLEROSIS, GENERALIZED PNEUMONIA, TERMINAL

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Autopsy performed

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 0

23. Signature L.E. Stilwell (M. D. XXXXX)
Address V.A.Hosp. Jeff. Brks. Mo. Date signed 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1948

DEC 4 1953

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 Francis J. Lahey

Licensed Embalmer No. 2972

P. O. Address Madison, Illinois

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.