

FILED JAN 7 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 446

1. PLACE OF DEATH:

(a) County CALLAWAY  
(b) City or town FULTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: STATE HOSPITAL 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3y 0 mo 24dy  
In this community 3y 0 months 24 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 14  
(c) City or town UNIVERSITY CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6831 Bartmer Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

PATRICK J. CONNOR

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex male

5. Color or race wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ursula Connor

6. (c) Age of husband or wife if alive years 28 years 1889

7. Birth date of deceased October 28  
(Month) (Day) (Year)

8. AGE:

Years 58 Months 1 Days 25  
If less than one day hr. min. 0

9. Birthplace ST. LOUIS  
(City, town, or county) (State or foreign country)

10. Usual occupation GENERAL HAULING

11. Industry or business

12. Name DANIEL CONNOR  
13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name CATHERINE RYAN  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant URSULA PATRICK, wife

(b) Address 6331 BARTMER AVE, UNIVERSITY

17. (a) Burial (b) Date thereof Dec. 19, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Glenn G. Madigan

(b) Address 712 Court Fulton, Mo.

19. (a) 12-27-47 (b) Josie Marsinkhoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24  
year 1947 hour 8 minute - A.M.

21. I hereby certify that I attended the deceased from NOV. 29, 1944  
to December 24, 1947  
that I last saw him alive on December 24, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death EPILEPTIC STATE

Due to EPILEPSY

Due to 05

Other conditions ARTERIOSKLEROSIS, PSYCHOSIS DUE TO TRAUMA  
(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) (Specify means of injury)

23. Signature Josie Marsinkhoff (M. D. or other)  
Address STATE HOSPITAL, FULTON Date signed 12/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 3 - 1948

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 1/5/48

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..... Glen Y. Mangin  
Licensed Embalmer No..... 2725  
P. O. Address..... Fulton, 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.