

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24989
Registrar's No. 1823

FILED AUG 13 1948
Registration District No. 317

Primary Registration District No. 6576

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Manchester Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4
(Specify whether years, months or days)
 In this community 4
years, months or days

3.. (a) PRINT FULL NAME Elizabeth J. Connelly
3. (b) If Veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex Female **5. Color** Wh **6. (a) Single, widowed, married,** Married
race or creed

6. (b) Name of husband or wife James J. **6. (c) Age of husband or wife if** 72
alive years

7. Birth date of deceased October 19 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>9</u>	<u>4</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Patrick Piggott
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget La Belle
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Klegman
(b) Address 5553 Waterman

17. (a) Burial Burial **(b) Date thereof** 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.
Chas. F. Stuart

18. (a) Signature of funeral director _____
(b) Address 1225 Union Blvd.

19. (a) 7-24-48 **(b) [Signature]** _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo **(b) County** St. Louis
 (c) City or town 5553 Waterman
(If outside city or town limits, write "RURAL")
(b) Street No. _____ (If rural, give location)
(c) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 23
 year 1948 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1
 1948, to July 23 1948
 that I last saw her alive on July 22 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Sanguine et. leg **Duration** 1 wk

Due to Senil arteriosclerosis

Due to Ch. myocarditis

Other conditions _____
(Include pregnancy within 3 months of death) 93d

Major findings: _____ **PHYSICIAN** _____
 Of operations _____
 Of autopsy _____
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?
 While at work? _____ (Specify type of place) **(e) Means of injury** 2

23. Signature Chas. F. Stuart (M. D. or other)
Address Creme Coeur, Mo. **Date signed** 7-24-48

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..... *Rex E. Campbell*.....

Licensed Embalmer No..... *13881*.....

P. O. Address..... *W. 2nd St, No.*.....

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.