

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13930
2975

BIRTH NO.		REG. DIST. NO. 215		PRIMARY REG. DIST. NO. 1007		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
* b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital				24. STREET ADDRESS (If rural, give location) 1915a Arsenal St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) NANCY		b. (Middle) CLEMENTINE		c. (Last) CONNOR		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 11, 1882		9. AGE (In years last birthday) 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 6 MTS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY Caradine Hat Co.		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Patrick J. Connor - <i>1915a Arsenal</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-26-3309		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Patrick J. Connor, 1915a Arsenal St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>White Deletion Heart</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Chronic Bronchitis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>2 years</i> <i>5 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5:30 P.M.</i>			
22. I hereby certify that I attended the deceased from <i>Jan 2</i> , 1951, to <i>March 29</i> , 1951, that I last saw the deceased alive on <i>March 26</i> , 1951, and that death occurred at <i>11:30 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. J. Fairbairn M.D.</i>				23b. ADDRESS <i>3548. Sidway St.</i>		23c. DATE SIGNED <i>April 10-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAR 30 1951 J. B. Lanier</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L.&U. Co. 2929 S. Jefferson Ave.			

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

7.5.1
ml

[Faint handwritten text]

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 _____

David Davis

working under my personal supervision.

Student Embalmer No.

Signed _____

Eldon F. Witt

Signed.....
Student Embalmer

Licensed Embalmer No. 2117

P. O. Address 2929 So. Jefferson

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.