

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3062

State File No. ....

FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0950**

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

|   |   |   |  |  |   |   |  |
|---|---|---|--|--|---|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>St. Louis State Hospital</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u><br>c. LENGTH OF STAY (In this place) <u>33 yrs</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>                       |   |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE Mo. - City of _____ b. COUNTY <u>St. Louis</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u><br>d. STREET ADDRESS (If rural, give location) <u>522a S. Jefferson</u>   |   |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>--</u> c. (Last) <u>McCONNELL</u>  |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Jan 30 1952</u> |  |   |   |  |
| <b>5. SEX</b><br><u>Male</u>  | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><u>Never married</u>                         | <b>8. DATE OF BIRTH</b><br><u>11-13-85</u>                         |  | <b>9. AGE</b> (In years last birthday) <u>66 yrs</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 12 MRS. Hours _____ Min. _____ |   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br>_____   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>paper carrier</u>  |  | <b>11. BIRTHPLACE</b> (State or foreign country)<br><u>St. Louis Mo</u>  |   | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u>                               |  |
| <b>13a. FATHER'S NAME</b><br><u>William Sr.</u>   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Nellie Burns</u>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>none</u>  |   |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)   |   | <b>16. SOCIAL SECURITY NO.</b><br><u>none</u>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gregory Reade</u> <b>ADDRESS</b> <u>2331 MULLANPHY ST.</u>   |   |   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |   |   |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardio-renal vascular disease</u><br>ANTECEDENT CAUSES <u>myocardia</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute decompensation</u><br>DUE TO (c) _____<br><b>II. OTHER SIGNIFICANT CONDITIONS.</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>20 yrs.</u><br><br><u>3 days</u>  |  |
| <b>19a. DATE OF OPERATION</b>   |   | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  |  |   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   |   |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)   |   | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b><br><u>H.A.R.T.</u>   |   |   |  |
| <b>22. I hereby certify that I attended the deceased from</b> <u>Jan. 19 48</u> <b>to</b> <u>Jan. 30</u> <b>, 19</b> <u>52</u> <b>, that I last saw the deceased alive on</b> <u>Jan. 30</u> <b>, 19</b> <u>52</u> <b>, and that death occurred at</b> <u>12:30 m.</u> <b>, from the causes and on the date stated above.</b> |   |   |  |  |   |   |  |
| <b>23a. SIGNATURE</b> (Name and title)<br><u>John Schlenker, M.D.</u>   |   |   | <b>23b. ADDRESS</b><br><u>5100 Arsenal St</u>                      |  | <b>23c. DATE SIGNED</b><br><u>1-30-52</u>   |   |  |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>Burial</u>   |   | <b>24b. DATE</b><br><u>Feb 1, 1952</u>  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>CALVARY</u>        |  | <b>24d. LOCATION (City, town, or county) (State)</b><br><u>ST LOUIS Mo</u>  |   |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>JAN 31 1952</u>   |   | <b>REGISTRAR'S SIGNATURE</b><br><u>Carl Smith, M.D.</u>   |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Cullen &amp; Kelly</u>   |   | <b>ADDRESS</b><br><u>4306 LINDELL BLVD</u>                                      |  |

**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 \_\_\_\_\_

Students of Mortuary College Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

**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.