

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 2399 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4696

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS,</u>		a. STATE <u>MISSOURI</u> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Anthony's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3969 DETONTY ST.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>GLENNON</u>		(Month) (Day) (Year) <u>May 20, 1952</u>	
b. (Middle) <u>MARTIN</u>		c. (Last) <u>CONNORS</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4/16/52</u>
9. AGE (In years last birthday)		9. AGE (In years last birthday)	10. MONTHS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>GLENNON CONNORS</u>	
13b. MOTHER'S MAIDEN NAME <u>VIRGINIA HAGEBUSCH</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GLENNON CONNORS</u>		ADDRESS <u>3969 DETONTY ST.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE		5 wks
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Congenital heart disease (septal defect)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>no</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>my</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) (Minute) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7543</u>

22. I hereby certify that I attended the deceased from 4-16-52, to 5-20-52, that I last saw the deceased alive on 5-20-52, and that death occurred at 6:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>D. C. Phelps MD</u>	(Degree or title)	23b. ADDRESS <u>1823 Skidway</u>	23c. DATE SIGNED <u>5-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/22/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 21 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u>	ADDRESS <u>4600 NATURAL BRIDGE AVE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No. _____

3077

P. O. Address _____

St. Louis 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.