

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40306

State File No.

FILED NOV 19 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10257**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY 2229	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) 22 201 So. 20 th, St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Thomas	b. (Middle) Joseph	c. (Last) Connolly	Oct. 27, 1953		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 10, 1893	9. AGE (In years last birthday) 59	10 UNDER 1 YEAR Months 11	11 UNDER 1 MRS. Days 17	Hours 17	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Loader	10b. KIND OF BUSINESS OR INDUSTRY American Express	11. BIRTHPLACE (City and State or Foreign Country) St. Louis	12. CITIZEN OF WHAT COUNTRY 0
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13a. FATHER'S NAME Patrick Connolly	13b. MOTHER'S MAIDEN NAME Bridget Moughan	14. NAME OF HUSBAND OR WIFE
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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. 714-10-9155	17. INFORMANT'S SIGNATURE OR NAME Thomas Mohan	ADDRESS 1436 Hamilton Ave.
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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, asthma, 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) Operative shock		
	ANTECEDENT CAUSES DUE TO (b) Bowel obstruction DUE TO (c) Peritoneal adhesions		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Ulcerative Malignant Lymphatic			

19a. DATE OF OPERATION 10/27/53	19b. MAJOR FINDINGS OF OPERATION Distended small bowel (focal vomiting), necrotic cecum wall	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5705
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22. I hereby certify that I attended the deceased from **10/27** **1953**, to **10/27**, 19**53**, that I last saw the deceased alive on **10/27/53**, 19**53**, and that death occurred at **9:40P** M., from the causes and on the date stated above.

23a. SIGNATURE D. S. ...	(Degree or title) M.D.	23b. ADDRESS 3903 Olive St. St. Louis, Mo.	23c. DATE SIGNED 10/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-30-53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. OCT 29 1953	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. P. ...	ADDRESS 1225 Union
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin L. Kemper*.....

Licensed Embalmer No. *403*.....

P. O. Address *3305 Oak*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

St. Louis 20