

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9950**
Registrar's No. **2806**

FILED APR 6 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY xxx Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves	
c. LENGTH OF STAY (in this place) 2Wk. 4 Da.		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 230 Simmons Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Warner c. (Last) Connor			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 13, 1891		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY At Home	

13a. FATHER'S NAME Hugh W. Brady		13b. MOTHER'S MAIDEN NAME Alice Virginia Annis		14. NAME OF HUSBAND OR WIFE George H. Connor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Grayce Lindhorst	
				ADDRESS 230 Simmons Ave	

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) Bowel (Duodenal) obstruction		DUE TO (b) Scarring at head of Pancreas		3 wks.	
DUE TO (c) Chronic pancreatitis? Small tumor?		DUE TO (b) Scarring at head of Pancreas		3 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia - Alkalosis				3 wks	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION This patient was unable to be gotten into good enough condition to be operated.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 545 X	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/24, 1953 , to 3/25, 1954 , that I last saw the deceased alive on 3/25, 1954 , and that death occurred at 9 P. m. , from the causes and on the date stated above.					

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		23b. ADDRESS 689 E Big Bend Webster Groves Mo		23c. DATE SIGNED 3/26/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-54		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. MAR 29 1954		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
				ADDRESS Mittelberg Funeral Home, Inc. 73 W. LICKWOOD AVE WEBSTER GROVES, MO.	

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 *Elton S. Remelius*

Licensed Embalmer No. *429*

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