

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3457

State File No. ....

FILED FEB 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>615 Walnut 2259 /</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNST</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>CONNOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 13 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED (Never Married, Widowed, Divorced) (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Oct 30, 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jonesboro, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WILLIAM CONNOR</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY BRAUSHEE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>315-10-4452</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Wesley Connor Jones</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic malnutrition</u> DUE TO (c) <u>Chronic alcoholism</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) <u>002X</u>	

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? _____	
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22. I hereby certify that I attended the deceased from 12/17, 1954, to 1/13, 1955, that I last saw the deceased alive on 1/13, 1955, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clair R. Cramer M.D.</u>			23b. ADDRESS <u>Koch, Missouri</u>		23c. DATE SIGNED <u>1/18/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>		24b. DATE <u>2-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-31-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donnelly, D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service 4104 W. Webster Ave. St. Louis 10, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 14 1957

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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 *No Embalmed*  
*[Signature]*  
Licensed Embalmer No.....

P. O. Address.....

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.