

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016825
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 960

300

1-57

101

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS WEBSTER GROVES</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WEBSTER GROVES ST. LOUIS 4597</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>46 S. Rock Hill Road</u>		Length of stay in lb <u>15 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>46 S. Rock Hill Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edward J McConnell</u>			4. DATE OF DEATH Month Day Year <u>April 6, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 24, 1883</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Off Mgr Peoria Water Co</u>	11. BIRTHPLACE (City and state or country) <u>Moberly, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Robert McConnell</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Dooley</u>		14. NAME OF HUSBAND OR WIFE <u>Late Mary McConnell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>329-05-2472</u>	
17. INFORMANT <u>Genevieve Shawe</u>		Address <u>Web. Grove Mo. 46 S. Rock Hill Rd</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Atherosclerosis of coronary arteries</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>15 years</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1944</u> to <u>4/6/58</u> and last saw ^{her} him alive on <u>4/6/58</u> Death occurred at <u>1:00 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>H. D. Jackson M.D.</u> (Degree or title)		22b. ADDRESS <u>192 E. Lockwood</u>	
22c. DATE SIGNED <u>4/6/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>4-9-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Peoria Ill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Peoria, Illinois</u>		(State)	
24. FUNERAL DIRECTOR <u>Kriegshauser</u>		25. DATE RECD. BY LOCAL REG. <u>4-6-58</u>	
ADDRESS <u>4228 S. Kingshighway</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard W. Stone*

Licensed Embalmer No. *4007*

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.