

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS SEP 7 1960

60-033142

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 544 Registrar's No. 2348

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		Length of stay in 1b	c. CITY OR TOWN <u>Affton</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>St. Joseph Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9215 Papoose Drive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Mary</u> Middle <u>—</u> Last <u>Connelly</u>			<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>4</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>8/4/60</u>	<b>9. AGE (last birthday)</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. <u>30</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Kirkwood, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		
<b>13a. FATHER'S NAME</b> <u>Thomas J. Connelly</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lesko</u>		<b>14. NAME OF HUSBAND OR WIFE</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> <u>Thomas J. Connelly</u>	Address <u>9215 Papoose Dr Affton, Mo.</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Maternal convulsions and Traumatic Delivery</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30"</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>maternal fever 102 due to pneumonia</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <u>9 PM</u> to <u>9:10 PM</u> and last saw her alive on <u>9:10 PM</u> Death occurred at <u>9:10</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>Dr. W. Sackel, D.O.</u>			<b>22b. ADDRESS</b> <u>3923 Watson Rd, 9/1</u>		<b>22c. DATE SIGNED</b> <u>8-5-60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>23b. DATE</b> <u>Aug 6 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Cathary</u>	<b>23d. LOCATION</b> (City, town, or county) <u>St. Louis Mo</u>		(State)	
<b>24. FUNERAL DIRECTOR</b> <u>John Sygar &amp; Son</u>		ADDRESS <u>5541 Riverview Pl.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-5-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>John E. Wray, M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

