

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013136

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 3068

3068

STATE FILE NUMBER

**FILED MAR 21 1963**

1. PLACE OF DEATH  
a. COUNTY -

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *MO.* b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *ST. LOUIS* Length of stay in '1b

c. CITY OR TOWN *ST. LOUIS* Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION *FIRMIN DESLOGE HOSP.* Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) *3009<sup>th</sup> MAGNOLIA* Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last *John D Connell* 4. DATE OF DEATH Month Day Year *March 14 1963*

5. SEX *M* 6. COLOR OR RACE *W* 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH *AUG 20, 1920* 9. AGE (last birthday) *42* IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *DAY LABORER* 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) *MISSOURI* 12. CITIZEN OF WHAT COUNTRY *U-S-A*

13a. FATHER'S NAME *WILLIAM DOUGLAS CONNELL* 13b. MOTHER'S MAIDEN NAME *UNKNOWN* 14. NAME OF HUSBAND OR WIFE *ETHEL CONNELL*

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of) *YES WORLD WAR II* 17. INFORMANT Address *ETHEL CONNELL 3009<sup>th</sup> MAGNOLIA*

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Cardiac failure* INTERVAL BETWEEN ONSET AND DEATH *1 hr.*  
DUE TO (b) *Chronic myocardial fibrillation* *8+ yrs.*  
DUE TO (c) *Arteriosclerotic Heart Disease*  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *420.0* PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 *3/7/63* to *3/14/63* and last saw him alive on *3/13/63*  
Death occurred at *8:42 P.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Sidney Goldenberg MD* 22b. ADDRESS *4409 West Pine St, Kansas Mo* 22c. DATE SIGNED *3/14/63*

23a. BURIAL, CREMATION, REMOVAL (Specify) *REMOVAL* 23b. DATE *MAR. 17, 1963* 23c. NAME OF CEMETERY OR CREMATORY *NEW HOPE CEMETERY* 23d. LOCATION (City, town, or county) *MARION MO.*

24. FUNERAL DIRECTOR *Thomas Kutia 2906 Gravois* ADDRESS 25. DATE RECD. BY LOCAL REG. *MAR 15 1963* 26. REGISTRAR'S SIGNATURE *Earl Smith, M.D.*

VS 300 Rev. 4/59

1

2 *21/79*

3

4 *0*

5 *1*

6

7 *0*

8 *1*

9

10

11

12 *61-0*

13 *61*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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

*J. A. Humphrey*

Licensed Embalmer No.

*4772*

P. O. Address

*2906 Gravel*

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.