

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033528

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8189**

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 209	
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4 0	
5 1	
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12 56-0	
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56	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	DOCUMENT
	MEDICAL CERTIFICATION
	BY AFFIDAVIT OF
	ITEM NO. SHOULD READ

1. PLACE OF DEATH
a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____ c. CITY OR TOWN **St. Louis** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **1518 John Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Thomas Francis Connors** 4. DATE OF DEATH Month Day Year **August 11 1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/18/00** 9. AGE (last birthday) **62yrs.** IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance Man** 10b. KIND OF BUSINESS OR INDUSTRY **Chronic Hosp.** 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Michael Connors** 13b. MOTHER'S MAIDEN NAME **Catherine Cady** 14. NAME OF HUSBAND OR WIFE **Helen Connors**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) **no** 16. SOCIAL SECURITY NO. **935** 17. INFORMANT Address **Helen Connors 1518 John Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Abdominal Carcinomatosis** INTERVAL BETWEEN ONSET AND DEATH **6 mo +**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Carcinoma Head of Pancreas** **1 yr +**
DUE TO (c) **157X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) _____ 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 **3/8/63** to **8/11/63** and last saw him alive on **8/10/63**
Death occurred at **2:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joshua E. Juren M.D.** 22b. ADDRESS **607 N. Grand Blvd.** 22c. DATE SIGNED **8/12/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **Aug. 14, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) **St. Louis Missouri**

24. FUNERAL DIRECTOR **M. Morrell** ADDRESS **3710 N. Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **AUG 12 1963** 26. REGISTRAR'S SIGNATURE **Earl Smith M.D.**

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 Lorion E. Percy

Licensed Embalmer No. 4094

P. O. Address St. Louis, Mo.

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.