

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38435

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis Mo. (No. 2319<sup>2</sup> Blair Ave)

File No. 11103  
 Registered No. 11103  
 St. .... Ward)

**2. FULL NAME**

John Thomas Connors  
 (a) Residence. No. 2319<sup>2</sup> Blair Ave St., 26 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 - 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	1	4	8	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employee)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Thomas Connors

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Georgia Heath

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Thomas Connors  
 (Address) 2319<sup>2</sup> Blair Ave

15. FILED DEC 12 1927 Max B. Starckoff  
 REGISTERED

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12<sup>5</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from December 6, 1927, to December 11, 1927 that I last saw him alive on December 15, 1927, and that death occurred, on the date stated above, at 12:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchitis Pneumonia  
Secondary  
 (duration) 10 1/2 yrs. mos. ds.

CONTRIBUTORY Acute Ulcer Colitis  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 115 B  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Ugner L. Broder, M. D.  
12-12, 1927 (Address) 2202 W. Market

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Dec 13 1927

20. UNDERTAKER By Leidner Und Co. N. Market St  
 ADDRESS 1417

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE ON RECORD WITH OFFICE THIS IS A PERMANENT RECORD

