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

Do not use this space.

38615

File No. 11301

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St Louis Mullanphy Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ellen Connelly

(a) Residence. No. 4259 Labadie St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt 49			

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work Shirt Factory

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick Connelly

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

12. MAIDEN NAME OF MOTHER Catherine Higgins

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

14. INFORMANT John Connelly
(Address) 4259 Labadie Ave

15. FILED DEC 18 1927 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 16 1927

17. I HEREBY CERTIFY That I attended deceased from March 8, 1927, to Dec 16 1927, that I last saw her alive on Dec 15 1927, and that death occurred, on the date stated above, at 12 00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute Rheumatical Endocarditis.

91K

116

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza ?

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

12/17 (Signed) C. A. Bendel, M.D.

, 192 7 (Address) Union Club Bl

*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 Cemetery

DATE OF BURIAL 12/19 1927

20. UNDERTAKER Arthur J. Donnelly

ADDRESS 2039 Wash St

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Dr. [illegible]

[illegible]

1-3.