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

Do not use this space.

19426

File No. 5368

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 4248 Norfolk St., Ward)

Registration District No. 79F

Primary Registration District No. 1003

2. FULL NAME Emma May Connor

(a) Residence. No. 4248 Norfolk St., 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND or~~ (OR) WIFE OF Amos Connor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(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) Mo

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Amos Connor
(Address) 4248 Norfolk Ave

15. MAY 31 1928
FILED 19 Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1928

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 30, 1928, that I last saw him alive on May 30, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
Myocarditis
1 day (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. T. Roetz, M. D.
May 30, 1928 (Address) 4308 McRee Ave

*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	DATE OF BURIAL
Laurel Hill Cemetery	June 1 1928

20. UNDERTAKER	ADDRESS
Drehmann Funeral	1905 Union

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.

PERMANENT RECORD

~~4367~~

~~[illegible] 7776~~

[illegible] 3583

4300 Manchester Ave

8-9

1-2

5-6