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

Do not use this space. 217983 C

1. PLACE OF DEATH
County St Louis Registration District No. 1170 File No.
Township Mo Primary Registration District No. 62481 Registered No. 136
City Richmond Heights St Marys Hospital St. Ward)

2. FULL NAME Wm T. McConnell
(a) Residence. No. 3540 Minnesota St., Ward. St Louis Mo.
(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)
male	white	married

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Nellie McConnell

6. DATE OF BIRTH (month, day and year) Sept-15-1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	8	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (city or town) Columbus
(State or country) Ohio

PARENTS
10. NAME OF FATHER — McConnell
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Ohio
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio

14. Informant Mrs Robert Hamilton
(Address) 3540 Minnesota

15. Filed 6/9 1928 C L Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) June 8- 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 8, 1928
that I last saw h... alive on June 8, 1928, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:
Alcoholism
(duration) yrs. mos. ds.

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

18. Where was disease contracted if not at place of death? 3540 Minnesota
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical
(Signed) H B De Pew, M.D.
June 9 1928 (Address) 1446 So. Grand

*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
Calvary Cem.	6-11-1928

20. UNDERTAKER Peety Bros. ADDRESS 3029 Lafayette

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.
... UNFADING INK—THIS IS A PERMANENT RECORD

after & P.m. Sat. To Richmond Heights

4 p.m
Sat

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