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

Do not use this space.

12997

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 5600 Arsenal St. 3843 Ward)

File No. ..... Registered No. 3551

2. FULL NAME Thomas Connelly

(a) Residence. No. 3843 Russell St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 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 wife of Bertha Connelly

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	54			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sgt. Police 93C 15?
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St. Louis Police Dept

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Miss May Headrick
(Address) Isolation Hospital

15. FILED 3 22 1929 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/18, 1929, to 3/20, 1929 that I last saw him alive on 3/20, 1929, and that death occurred, on the date stated above, at 10.55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of face non traumatic cause unknown (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Myocarditis, Chronic. (duration) yrs. mos. 9+ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3843 Russell

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D

3/21, 1929 (Address) 5600 Arsenal St

*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 Mar 23 1929

20. UNDERTAKER Wm J Robert

ADDRESS 1905 S Grand Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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