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

Do not use this space.

25042

File No. 7224

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. , Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Wilhelmina Connor

(a) Residence. No. 2036 Russell a St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 30 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 OF (OR) WIFE OF Michael A. Connor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	1	28	

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

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

PARENTS

10. NAME OF FATHER Charles Schmidt

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

12. MAIDEN NAME OF MOTHER Wilhelmina Bohle Unknown

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

14. INFORMANT John J. Ryan M.D.
(Address) 5400 Arsenal St.

15. FILED JUL 21 1930, 19 Mary C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-19 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-7-29, 1929, to 7-19, 1930 that I last saw her alive on 7-19, 1930, and that death occurred, on the date stated above, at 11 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
(duration) yrs. 9 mos. 13 ds.

CONTRIBUTORY (SECONDARY)
(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? Lab. & physical
(Signed) John J. Ryan, M. D.
7-19, 1930 (Address) 5400 Arsenal.

*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 July 22 1930

20. UNDERTAKER Wacker Helderle — ADDRESS 2331-5 B'way

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.