

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

Do not use this space.

15779

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1000**
 City **St Louis** (No. **2224 Howard St**)

File No.
 Registered No. **4228**
 St. Ward)

2. FULL NAME

Elizabeth Connors
 (a) Residence No. St., **20** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1876

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
 abt. 55 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN): Ireland 15
 (STATE OR COUNTRY)

10. NAME OF FATHER John Connors

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

12. MAIDEN NAME OF MOTHER Hanora Finnigan

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

14. INFORMANT J J Connors
 (Address) 2224 Howard St

15. FILED -7 1931
 REGISTRAR **Arthur J Donnelly** 2039 Wash St

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from **Sept 1930** to **Apr 5 1931**, that I last saw him alive on **Apr 5 1931**, and that death occurred, on the date stated above, at **2 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation with chronic Myocarditis (non compensated)
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **92**
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **J J Connors** M. D.
 4/6/31 19 (Address) 2206 Howard 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 **DATE OF BURIAL**
Calvary Cemetery **4/8 1931**

20. UNDERTAKER **ADDRESS**
Arthur J Donnelly **2039 Wash St**

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

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.

2206 Howard St
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