

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

Do not use this space.

24732

1. PLACE OF DEATH

County

Registration District No. *791*

Township

Primary Registration District No. *1003*

City *St Louis*

No. *4714 Hammet Pl*

File No.

Registered No. *6877*

St. Ward)

2. FULL NAME *Minnie McConnell*

(a) Residence, No. 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John M. McConnell</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 20-1860</i>				
7. AGE	YEARS <i>72</i>	MONTHS <i>-</i>	DAYS <i>2</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

13. NAME
J. P. Schaefer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

15. MAIDEN NAME
Christine Appleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Edwin McConnell
4714 Hammet Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE
St Peters DATE *July 25-1932*

19. UNDERTAKER (ADDRESS)
Blumenthal Bros
3125 Lafayette Ave

20. FILED *JUL 25 1932* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27 1932*

22. I HEREBY CERTIFY That I attended deceased from *July 21 1932* to *July 22 1932*

I last saw him alive on *July 25 1932* Death is said to have occurred on the date stated above, at *2:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Haemilia Date of onset
6/20/32
131
97
132B 131 131 131 131

Other contributory causes of importance:
nephritis chronic ✓
arteriosclerosis ✓

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Carl Stephens* M. D.
3248 Lafayette Ave

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.

MARGINAL FOR BINDING

V. S. NO.

