Call Cullen & Kelly
Ronda le 9837

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

Do not use this space.

37607

File No.
Registered No. 10284

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Paul's Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Sister Beatrice Frances Connolly

(a) Residence, No. St. Mary's Orphan Ward 6
(Usual place of abode) 5341 Cameron (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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 314

10. Date deceased last worked at this occupation (month and year) 25 years

11. Total time (years) spent in this occupation 54

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

FATHER

13. NAME Roman H Connolly

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

MOTHER

15. MAIDEN NAME Ann Kerwin

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

17. INFORMANT Sister Clare (ADDRESS) St Paul Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 22 1932

19. UNDERTAKER Cullen Kelly (ADDRESS) 1414 N Taylor

20. FILED NOV 21 1932 Wm C Schwab Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932, to Nov 20 1932

I last saw h. alive on Nov 20 1932. Death is said to have occurred on the date stated above, at 2:00 P.m.

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

	Date of onset
Carcinomatosis	
Carcinoma Breast	1931
CHF	

Other contributory causes of importance:

Name of operation Mastectomy Date of 1931

What test confirmed diagnosis? Path Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E G Rudolph, M. D.
(Address) Mercy Club Bldg

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.

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