

AUG 23 1935

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

Do not use this space.

25182

## 1. PLACE OF DEATH

County St. Louis  
Township Koch, Mo.  
City No. Koch Hospital

Registration District No. 1123  
Primary Registration District No. 6248B

File No. \_\_\_\_\_  
Registered No. 240  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Leslie Connor

(a) Residence, No. 5916 Highland Ave St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30 1 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. James & Co. St. Louis

10. Date deceased last worked at this occupation (month and year) June 1934 11. Total time (years) spent in this occupation. 1930-1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillips, County, Mo.

MOTHER 13. NAME William P. Connor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Mo.

15. MAIDEN NAME Belle - ? -

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

17. INFORMANT Koch Hospital Record  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo. DATE July 2, 1935

19. UNDERTAKER (ADDRESS) Muller, R. R. 1st St. Juc.  
4257 Lindell Blvd.

20. FILED July 10, 1935 L. Mowery  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1935

22. I HEREBY CERTIFY That I attended deceased from July 1, 1935 to July 9, 1935  
I last saw him alive on July 9, 1935 Death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis @ 6/34  
Pleural Effusion -  
Fractured Ribs

Other contributory causes of importance:  
N

Name of operation Thoracotomy Date of Fall 34  
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? Yes

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?  
If so, specify \_\_\_\_\_  
(Signed) Orlery G. Lockwood, Jr. M. D.  
(Address) Koch Hospital - Koch, Mo.

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.

WHITE LABEL WITH ON-BOARD INK—THIS IS A PERMANENT RECORD

