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

APR 20 1936

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

Do not use this space.

17023

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3774

City St Louis (No. Missouri Baptist Hosp. St. ..... Ward)

2. FULL NAME William R. Connors

(a) Residence, No. 2818a N. 19th Str. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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) Aug 28, 1888

7. AGE: YEARS 47 MONTHS 7 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tyle Setters.
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) St Louis Mo.

FATHER

13. NAME Michael Connors.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass U. S.

MOTHER

15. MAIDEN NAME Ellen Stanton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass U. S.

17. INFORMANT (ADDRESS) Michael J. Connors 2818a N 19th Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE April 8 1936

19. UNDERTAKER (ADDRESS) Hy Leidner Mud. Co. 1417 N Market Str.

20. FILED APR 7 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to April 5th, 1936

I last saw him alive on April 5th, 1936. Death is said to have occurred on the date stated above, at 8:55 A.m.

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

Labor Pneumonia — Date of onset 3-3-36

Other contributory causes of importance:
Peri-renal & abdominal abscess. Non T.B. Non Traumatic Non Venreal cause unknown

Name of operation Laparotomy Date of 3-23-36

What test confirmed diagnosis? Was there an autopsy? no.

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) Lawrence G. Dunn, M. D.
(Address) 1927 Union