

REC'D MAR 14 1938

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

4548

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **City Hospital** ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1193**

## 2. PRINT FULL NAME

**John C. Connor, 563**  
 (a) Residence, No. **3830 Greer Ave.,** St. **10**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Della Reynolds Connor**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8th, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**63 7 23**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Drill Pressman**  
 9. Industry or business in which work was done, as 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) **Ky.**

FATHER 13. NAME **Not known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Mrs. Della Connor**  
**3830 Greer Ave.,**

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE **Mt/ Lebanon Cem** DATE **Feb. 4th 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Hy Rader Wash Co**  
**1417 N Market Street.**

20. FILED **FEB 1 1938** **J. F. Bredeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 31<sup>st</sup> 1938**

22. I HEREBY CERTIFY, that I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **12 Mason** St.

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

*Sepsisemia following open Reduction of comminuted fracture of right femur as a result of being struck by a Chevrolet being moving North on Vandeventer Ave. about*

Other contributory causes of importance:

*100 feet North of intersection of St. Louis Ave. and occupied by one Robert King and one David Bow, caused Dec. 25, 1937 about 1:10 AM*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **2-1-38**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place**

Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Alfred J. Perry**

(Signed) **Alfred J. Perry** M.D.

(Address) **Deputy Coroner**

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Calvin D. Greutz*

Licensed Embalmer No. \_\_\_\_\_

*2927*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**