

13164 N. Grand

REC'D JUL 12 1938

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

20456  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. 5723 Leona (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.

Registration District No. 791Primary Registration District No. 1008Registered No. 55952. PRINT FULL NAME Michael A. Connors 562

(a) Residence, No. 5723 Leona St. 2 (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 Edla Connors

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
54 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
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) 6-21-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. UFATHER 13. NAME Jaha Connors 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0MOTHER 15. MAIDEN NAME Mary Halley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.17. INFORMANT (ADDRESS) Mrs Edla Connors  
5723 Leona18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6-23-38 1919. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister  
4016 Chippewa20. FILE JUN 21 1938 J. F. Brediek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 - 1937, to June 6 - 1938.  
I last saw him alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 5 A. m.  
The principal cause of death and related causes of importance were as follows:

apoplexypatient had high blood pressureOther contributory causes of importance: J. F. Brediek

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify.....  
(Signed) Oscar J. Hoffmeister, M. D.  
(Address) 1316 N Grand

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No. *2970*

P. O. Address *416 Chisholm*

**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.)**

**If this body is not embalmed, above space should be left blank.**