

REC'D DEC 12 1938

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

37271
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **3408 Eads Ave** 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. **9598****2. PRINT FULL NAME Sarah Connellia**

(a) Residence, No. **3408 Eads Ave** St. **17** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**
 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) **Missouri 0**

FATHER 13. NAME **John Connellia**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

MOTHER 15. MAIDEN NAME **Mary Connelly**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 5**

17. INFORMANT **Michael Connellia**
 (ADDRESS) **3408 Eads Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **November 5 1938**

19. FUNERAL DIRECTOR (NAME) **Peeetz Brothers**
 (ADDRESS) **3029 Lafayette Ave**

20. FILED **NOV 4 1938** **J. F. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 2 1938 19**

I HEREBY CERTIFY, that I attended deceased from **Oct 29 1938** to **Nov 2 1938**

I last saw him alive on **Nov 2 1938** Death is said to have occurred on the date stated above, at **11:55 A.M.**

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

Pericarditis Aneurysm

Date of onset

Other contributory causes of importance:

Name of operation **None** Date of **See**
 What test confirmed diagnosis **Physical** Was there an autopsy? **See**

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) **M. D. P. ...** M. D.(Address) **1446 S. Grand**

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.

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STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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

Frank J. Dwyer

Licensed Embalmer No.

2245

P. O. Address

St. Louis Mo

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.

NA 020000
No. 7362