

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9205**

1. PLACE OF DEATH: **1003**  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Stone Nursing Home 5861 Cates 3**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(d) Street No. **7229 Canterbury Dr.**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Lillie E. McConnell 756**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **27**  
year **1939** hour **12** minute **50** A. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
7. Birth date of deceased **Dec. 10 1862**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 10** 19**39** to **Oct 27** 19**39**  
that I last saw her alive on **Oct 25** 19**39**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**76** **10** **17** hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
**Carcinoma of the uterus**  
Duration **18 years**

9. Birthplace **Kv.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**  
11. Industry or business \_\_\_\_\_  
12. Name **Fred B. Waltz**  
13. Birthplace **Kv.**  
14. Maiden name **Marry Williams**  
15. Birthplace **Unknown**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature **Wm. J. McConnell**  
(b) Address **7229 Canterbury**  
17. (a) **Burial** (b) Date thereof **Oct. 30 1939**  
(c) Place: burial or cremation **Memorial Park Cem.**  
18. (a) Signature of funeral director **Orchmann & Harrel**  
(b) Address **1905 Union Blvd.**  
19. (a) **OCT 27 1939** (b) **J. B. Brudick**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
**AS**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **R. R. Newman** (M. D. or other) **10/27/39**  
Address **5330 Geraldine** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 6-17-39 I 219511

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.

5300 Memorial Lane  
8-9-1-2

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**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.....

*Warren A. Carter*

Licensed Embalmer No.....

*3534*

P. O. Address.....

**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.**