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23159

JAN 15 1941

791

State File No. _____

9870

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2628 S. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town 2628 S. 12th St.
(If outside city or town limits, write "RURAL") 26
(d) Street No. St. Louis, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ELLEN CONNOLLY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John J. Connolly 6. (c) Age of husband or wife if alive mill plus years
7. Birth date of deceased About 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 63 Unknown hr. min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Patrick Logan

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Connelly

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Connolly

(b) Address 2628 S. 12th St.

17. (a) Burial (b) Date thereof Dec. 3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Am. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) DEC 2 1940 (b) J. H. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 30
year 1940 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1940
to Nov. 30, 1940
that I last saw h^er alive on Nov. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Due to Cardiac Decompensation

Due to Chronic Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(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 William H. Brodeur (M. D. or other) MD

Address 1225 Sidney St. Date signed 12/1/40

Duration
5 days
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Benj C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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, fact should be so stated above.