

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

40591
Do not use this space.

1. PLACE OF DEATH 791 Registration District No. 1003
 (a) County.....
 (b) Township..... Primary Registration District No.....
 (c) City Saint Louis (d) Street No. St. Lukes 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.

2. PRINT FULL NAME Baby Connelley 12
 (a) Residence, No. 12 Hortense Place St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or 46 min.

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri C

13. NAME William Robert Connelley I

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. O

MOTHER

15. MAIDEN NAME Mary Louise Krinard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William Robert Connelley
 (ADDRESS) 12 Hortense Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Valhalla DATE 12/17/40 19

19. FUNERAL DIRECTOR Craig Mortuary
 (ADDRESS) 4468 Washington

20. FILED DEC 17 1948 J. F. Bredech
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1940
 I last saw h. lv alive on Dec 16, 1940 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Prematurity
 Date of onset

Other contributory causes of importance:
none

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? No.
 If so, specify.....
 (Signed) Fredrick A. J... M. D.
 (Address) 4952 Maryland

THIS IS A PERMANENT RECORD

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.

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 *Philip M. King*

Licensed Embalmer No. *3281*

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.)