

MO JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **16451**
Registrar's No. **3969**

Registration District No. **791**

Primary Registration District No. _____

167
20
179
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hosp #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether)
 In this community Life
years, months or days

3. (a) PRINT FULL NAME Mamie Conner

3. (b) If veteran, name war None **3. (c) Social Security** No. None

4. Sex Female **5. Color or** race White **6. (a) Single, widowed, married,** divorced Single

6. (b) Name of husband or wife Nil **6. (c) Age of husband or wife if** alive None years

7. Birth date of deceased Mar 17th, 1877
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>64</u>	<u>1</u>	<u>23</u>	hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant

11. Industry or business City Infmary

MOTHER FATHER

12. Name John Connor
18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Cavanaugh
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

18. (a) Informant Charles Connor
(b) Address 3918 Lexington Ave

17. (a) Burial Burial **(b) Date thereof** 5/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral home Harrigan & Sheehah Und Co
(b) Address 4415 Washington Blvd

19. (a) MAY 11 1941 **(b) J. M. Bredek**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis 1713
(If outside city or town limits, write "RURAL")
 (d) Street No. 5400 Arsnell St.
(If rural, give location)
 (e) Attending Physician
 (f) If foreign born, how long in U. S. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th.
 year 1941 hour 6 PM. minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
traumatic hemorrhage due to
laceration of scalp by
falling on pavement fractured ribs
when she walked in to a
department store driven by one
of the police at Independence
Missouri
St. Louis Ave about 7:45 PM
5/5/41
(include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 170 C
2501

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 5/12/41 000
 (c) Where did injury occur? St. Louis MO
(City or town) (County) (State)
10 Catholic Place
(Specify type of place)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (e) Means of injury _____

23. Signature Walter Terry (M. D. or other)
Address St. Louis **Date signed** 5/11/41

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

Homer W. Fritz

Licensed Embalmer No.

3882

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.