

FILED JUL 6 1942 791

1003

Registrar's No. 5356

Registration District No. Primary Registration District No.

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:
5910A Lotus Ave., /
 (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 **Mo.**..... (b) County.....
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5910A Lotus Ave.,**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Patrick J. Connelly**
 3. (b) If veteran, name war **No**..... 3. (c) Social Security No. **None**.....

4. Sex **Male** *D*..... 5. Color or race **White** *2*..... 6. (a) Single, widowed, married, divorced, **Widowed**.....
 6. (b) Name of husband or wife **Mary Eliza beth Connelly** alive..... years.....
 6. (c) Age of husband or wife if
Oct. 17, 1860.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 **8** **2** hr. min.

9. Birthplace **Ireland** *4*
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

MOTHER FATHER
 12. Name **Daniel Connelly**
 13. Birthplace **Ireland** *4*
 (City, town, or county) (State or foreign country)
 14. Maiden name **Bridget Hussey**
 15. Birthplace **Ireland** *4*
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Kelly**

(b) Address **5910A Lotus Ave.,**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 23/42**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **J. F. Brueck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
 year **1942** hour **10** minute **5** M.

21. I hereby certify that I attended the deceased from **June 6**
 19**42**, to **June 19**, 19**42**
 that I last saw **alive on June 19/1942** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Palatal Aphasia - Non Calculous
Myoclonic Coma
 Due to **Sw State Hypertrophy**
Senility
 Duration

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

Major findings:
 Of operations **None**
 Of autopsy **None**

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

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence **None**

(c) Where did injury occur? **None**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? **None** (Specify type of place) (e) Means of injury.....

23. Signature **Paul Kelly** (M. D. or other) *MD*

Address **625 B. ...** Date signed **6/19/42**

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

00
19
9

000
19
9

Dr. Peirce Reilly

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 *Alfred G. Bunnley*.....

Licensed Embalmer No. *4202*.....

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, fact should be so stated above.