No. 2
9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28629

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7866

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:
4106 Wyoming Str., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17/6

(c) City or town St. Louis 0/6
(If outside city or town limits, write "RURAL")

(d) Street No. 4106 Wyoming Str.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOHN J. CONNERY SR.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary E.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 25, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	26	hr. min.

9. Birthplace Princeton Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railway Express Agency

11. Industry or business

FATHER
12. Name Michael
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Doran
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Connery Jr
(b) Address 4106 Wyoming Str.

17. (a) Removal (b) Date thereof 9-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Ill

18. (a) Signature of funeral director Hoffmeister U & Co
(b) Address 6464 Chippewa Str.

19. (a) 22 1942 (b) J. F. Brideck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
, 1930, to Sept. 21, 1942
that I last saw him alive on August 25th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Locomotor Ataxia Paralysis of lower limbs	
Due to Nervous Exhaustion Arterio Sclerosis	
Due to Possibly Alcoholism	
Other conditions General Weakness (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy

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
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. Meredith (M. D. ~~or other~~)
Address 125 N. Kingshighway Date signed 9-21-42

(Licensed Embalmer's Statement on Reverse Side)

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.....Edwin H. Leibinger

Licensed Embalmer No.....4048

P. O. Address.....6464 Chippewa

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.