

FILLED NOV 4 1942

State File No.

Registration District No.

318

Primary Registration District No.

1008

Registrar's No.

8764

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

1. PLACE OF DEATH:

(a) County St Louis Mo.  
(b) City or town  
(c) Name of hospital or institution:  
3701 1/2 Hummear av.  
(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 000  
(c) City or town St Louis 16 12 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3701 1/2 Hummear av  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME MICHAEL R. CONNELL

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 25 1896  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Rail Road Mail Clerk

11. Industry or business

12. Name Michael Connell

13. Birthplace Island 4  
(City, town, or county) (State or foreign country)

14. Maiden name Kelly

15. Birthplace Island 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adela Connell

(b) Address 3701 1/2 Hummear av

17. (a) Burial (b) Date thereof Oct 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos J. Quinn

(b) Address 1388 1/2 E. Blue

19. OCT 22 1942 (b) J. F. Bruns  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 15 to Oct 21 1942  
that I last saw him alive on Oct 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Coronary Sclerosis  
myocardial infarction  
Due to Cardio Vasculor  
Other conditions hypertension  
(Include pregnancy within 3 months of death)

Duration 3 1/2 days  
Death

2 1/2

PHYSICIAN

Major findings:  
Of operations None  
Of autopsy None

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?

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

23. Signature [Signature] (M. D. or other) 10/21/42  
Address Miss Club St Date signed 10/22

**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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Remondy St*

**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.**