

FILED AUG 8 1943
Registration District No. 2

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(c) Name of hospital or institution: ST. MARYS HOSPITAL
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCIS A. CONNOR
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 SINGLE
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased UNKNOWN 1883 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day 60 DONT KNOW hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business SCULLIN STEEL CO

12. Name MICHAEL J. CONNOR

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

14. Maiden name ANNA BERGAN

15. Birthplace DONT KNOW PENNSYLVANIA (City, town, or county) (State or foreign country)

16. (a) Informant CORA M. CONNOR

(b) Address 3675 FILLMORE ST.

17. (a) BURIAL (b) Date thereof 8-5-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3846 Lindell Blvd
19. (a) AUG 8 1943 (Date received local registrar) (b) E. J. McFarson, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000 17 7
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 3675 A FILLMORE ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 3 year 1943 hour 9 minute 10P. M.

21. I hereby certify that I attended the deceased from Nov 13 1940 to Aug 3 1943 that I last saw him alive on Aug 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Urinary Bladder Relapsed Hydroperites Due to Pulmonary Bronchopneumonia Left Paranasal Abscess. Hypertrophy of Prostate Pelvic chylous edema Other conditions Pleural edema. (Include pregnancy within 3 months of death)

Duration
?
?
?
?
?
?

Major findings: Of operations Carcinoma of Urinary Bladder Of autopsy see above for

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?

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

23. Signature J. J. Thamo, M.D. (M. D. or Other) Address 984 Acadia Blvd Date signed Aug 4 1943

MOTHER FATHER

Complete 1-2-X

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Lundell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.