

LED AUG 23 1943

Registration District No. 213

Primary Registration District No. 1003

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:
5220 Wabada 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)

3. (a) PRINT FULL NAME John T. Connolly

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Del Connolly 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 9, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country) 0

10. Usual occupation Maintenance Men

11. Industry or business Howard Bend Water Div. City of St. L.

MOTHER FATHER { 12. Name Martin Connolly
13. Birthplace Ireland. (City, town, or county) (State or foreign country) 4
14. Maiden name Bridget Walsh
15. Birthplace Ireland. (City, town, or county) (State or foreign country) 4

16. (a) Informant Del Connolly
(b) Address 5220 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG. 19, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James T. Niehaus
(b) Address 1431 Union Blvd.

19. (a) AUG 19 1943 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 17
(c) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL") 96
(d) Street No. 5220 Wabada (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16th
year 1943. hour 6:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 14th
1943 19 Aug 16 - 1943
that I last saw him alive on Aug 16 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the myocardium

Due to chronic myocarditis
auricular fibrillation

Due to decompensation of the myocardium

Other conditions hypertension, mild
(Include pregnancy within 3 months of death)

St. L.
Major findings: none
Of operations no
Of autopsy no

Duration _____
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) no
(b) Date of occurrence _____
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury _____

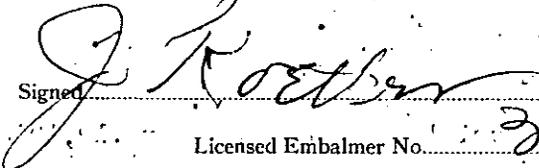
23. Signature J. P. Murphy (M. D. or other) _____
Address 2416 W. North St. Date signed 8/17/43

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

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


.....
Licensed Embalmer No. 3880

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, fact should be so stated above.