. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33128

State File No. 9225

Registration District No. 318 Primary Registration District No. 100 Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1534 A. WARREN STR.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 12 26

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL")

(d) Street No. 1534. A. WARREN STR. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANNA. T. GROOMS.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW.

6. (b) Name of husband or wife ALBERT GROOMS

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

7. Birth date of deceased NOV. (Month) 22 (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 26 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation HOUSE WORK.

11. Industry or business AT. HOME

FATHER
12. Name MICHAEL CONNELLY
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name MARY BERRY
15. Birthplace IRELAND. (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs Mabel Kennedy
(b) Address 1534 a Warren Str

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 21 = 43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY. CEM.

18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 Hogan St.

19. (a) OCT 20 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 18TH year 1943 hour 11 45 minute P. M.

21. I hereby certify that I attended the deceased from MARCH 1ST, 1943 to OCT - 18 - 1943 that I last saw her alive on OCT - 18TH 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC-MYOCORDITIS	
Due to CHRONIC-INTERSTITIAL NEPHRITIS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 Jos. J. Nauroch Md (M. D. or other)

Address 1901 Madison St Date signed 10-19 43

(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 John Ogonoski

Licensed Embalmer No. 2398

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.