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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 13 1943  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10643**

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial.  
(d) Length of stay: 4 days  
In this community 4 MONTHS

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis,  
(d) Street No. 1009 So. 13th St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Carl James McConnell  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced infant  
6. (b) Name of husband or wife No  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 7th 1943

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>5</u>	<u>25</u>	____ hr. ____ min.

9. Birthplace Truman, Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

12. Name Thomas McConnell

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

14. Maiden name Nora Lonley

15. Birthplace Van Buren, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant James McConnell  
(b) Address 1009 So. 13th St

17. (a) BURIAL (b) Date thereof 12/4/43  
(c) Place: burial or cremation EMMINENCE - MO

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave  
19. (a) DEC 4 1943 (Date received local registrar)  
J. F. Boudreau (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 3rd  
year 1943 hour 1:00 minute A. M.  
21. I hereby certify that I attended the deceased from November 30th 1943 to December 3rd 1943  
that I last saw him alive on December 3rd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Primary  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 D. W. Salmon (M. D. or other) M. D.  
Address 1515 Lafayette Date dictated 12/2/43

Duration 108 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 L. R. Coayer

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**