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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39076

FILED DEC 11 1943

Registration District No. 3

Primary Registration District No. 3063

Registrar's No. 2684

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 7110 Forsythe Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): 18 yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Clayton
(If outside city or town limits, write "RURAL")

(d) Street No.: 7110 Forsythe Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

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3. (a) PRINT FULL NAME: Jack E. Connor

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: S.

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June 27th., 1924 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	5	4	hr. min.

9. Birthplace: Peoria (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Student, W.U.V.

11. Industry or business:

FATHER
12. Name: Carl Connor
13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Charlotte Fitzpatrick
15. Birthplace: Unknown (City, town, or county) Mich. (State or foreign country)

16. (a) Informant: Mr. Carl Connor
(b) Address: 7110 Forsythe Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.

19. (a) DEC - 6 1943 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 1st., year: 1943 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1943 to Dec 1, 1943 that I last saw him alive on Nov 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chron Glomerular Nephritis	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1 yr
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: Ralph Russella (M. D. or other)
Address: 3720 Washington Date signed: 12/2/43

(Licensed Embalmer's Statement on Reverse Side)

Dr.Ralph Kinsella
3720 Washington Blvd.

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 Lindell

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.