

19578

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 15 1944 318

1003

6119

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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: St. John's Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5742a Etzel Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Connelly

3. (b) If veteran, name war _____ 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 Michael J. Connelly 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Day 12 Year 44 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6-20 1944 to 7-8 1944
that I last saw him alive on _____ 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death: fracture of femur with tracheotomia

Due to hypostatic pneumonia Duration 3 1/2 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Brady

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

14. Maiden name Mary Brady

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations none / 106

Of autopsy none / 18

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

16. (a) Informant Rose Connelly
(b) Address 5742a Etzel Ave.

17. (a) Burial (b) Date thereof 7/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Varroll
(b) Address 4600 Natural Bridge

19. (a) JUL 10 1944 (b) J. F. Pruden
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) fall in home

(b) Date of occurrence 6/20/44

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? no (Specify type of place) (b) Means of injury fall

3. Signature John J. Hammond M. D. or other M. D.
Address 634 N. Grand Date signed 7/10/44

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..... *Edward H. Street*

Licensed Embalmer No. *2265*

P. O. Address. *4609 1/2 St. Broadway*

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.