S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22904

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6317

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ill (b) County 11

(c) City or town LaSalle
(If outside city or town limits, write "RURAL") 0

(d) Street No. St. Vincent School NR
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Sister Mary Ellen Connelly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 5 (Month) (Day) 1921 (Year)

8. AGE: Years 23 Months 0 Days 11 If less than one day hr. min.

9. Birthplace K. C. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Religious

11. Industry or business

FATHER
12. Name Patrick Connelly
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Lee
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Sister Mary Catherine
(b) Address Marillac Seminary Normandy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Marillac Cemetery Normandy Mo

18. (a) Signature of funeral director Gilbert Kelly
(b) Address 4386 Lindell

19. (a) JUL 17 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1944 hour 7:10 minute 10 P M.

21. I hereby certify that I attended the deceased from July 14, 1944 to July 16, 1944
that I last saw her alive on July 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis (St. Louis Type?) Epidemic

Due to

Due to 37

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 0

23. Signature Wm E Moore (M. D. or other) MD

Address 7301 Natural Bridge Normandy Mo Date signed 7-17-44

(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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.