S. No. 2
0M—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 SEP 8 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26152

Primary Registration District No. 1003

Registrar's No. 6589

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 Hosp. O
(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 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 7
(d) Street No. 5300a Geraldine Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Nora C. Connole

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 Married

6. (b) Name of husband or wife Thomas F. Connole
6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 26, (Day) 1919 (Year)

8. AGE: Years 25 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER 14. Maiden name Catherine Sullivan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Connole
(b) Address 5300a Geraldine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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

19. (a) JUL 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1944 hour 7 minute 50 P M.

21. I hereby certify that I attended the deceased from Dec 13 1943 to July 25 1944 that I last saw her alive on July 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Shock — Duration 2 hrs

Due to 1 hr

Due to 14 d

Other conditions Pregnancy, Parturition (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 L. M. Rigdon (M. D. or other)
Address 1315 S. Kingshighway Date signed 7/25

(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 Frank H Stroot

Licensed Embalmer No. 2265

P. O. Address 46 N Hot Bridge

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.