

FILED DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38742

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 3436

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

76  
35  
3

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-wks. 4  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Fannie Connors  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced. S. (1)  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 23rd., 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 0 8 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Charles Connors  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Jones  
15. Birthplace N.Y. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Connors  
(b) Address 5962 DeGiverville

17. (a) Burial (b) Date thereof 12-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic  
18. (a) Signature of funeral director Arthur J. Donnelly While at work? \_\_\_\_\_ (Specify type of place)  
(b) Address 3840 Lindell Blvd. (c) Means of injury \_\_\_\_\_

19. (a) DEC 4 1944 (b) E. G. Inglehaver Registrar's signature (c) 7266 Manchester Address Date signed 12-1-44

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5823 Plymouth Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st.,  
year 1944 hour 9 minute 10 a. m.  
21. I hereby certify that I attended the deceased from Nov. 10  
1944 to Nov. 30 1944  
that I last saw h alive on Nov. 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 45 days  
Due to Hypertensive Cardio  
renal disease

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 13/10  
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? \_\_\_\_\_

*2-4*  
*7266 Manchester*  
*Stirling*

**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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4840 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.**