

FILED FEB 7 1945 318

1003

Registration District No.

Primary Registration District No.

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

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..... 6 Weeks
(Specify whether

In this community.....
years, months or days)
3. (a) PRINT FULL NAME Thomas Connally
 3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... July 25th 1889
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
64 6 2 hr. min.

9. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Trainman Retired

11. Industry or business..... Terminal Railroad
 12. Name..... Thomas Connally
 13. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name..... Bridget Donlon
 15. Birthplace..... Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. J. Kavanaugh Daughter
 (b) Address..... 3975 Utah St.
 17. (a) Burial (b) Date thereof..... 1/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Calvary Cemetery
 18. (a) Signature of funeral director..... Peeetz Bros.
 (b) Address..... 3029 Lafayette Ave.
 19. (a) JAN 29 1945 J. J. Peetz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2844 Eads Ave
(If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... January day..... 27th
 year..... 1945 hour..... 11:30 minute..... A M.
 21. I hereby certify that I attended the deceased from 12-27-44
 to 1-27-45, 19..... to 19.....
 that I last saw him alive on 1-27-45, 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Terminal pneumonia
Pneumonia developed from operation
Post-operative one month
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... two year old un-united fracture of hip
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)..... fell at home 2 yrs. ago
 (b) Date of occurrence.....
 (c) Where did injury occur?..... At home St. Louis Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home 2 years ago
(Specify type of place)
 While at work?..... (c) Means of injury.....
 23. Signature..... John P. Murphy
(M.D. or other)
 Address..... 835 Mo. Theatre Building Date signed..... 1-29-45

Handwritten notes:
 Jan 31 1945
 9

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

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 Paul J. Dwyer

Licensed Embalmer No. 2245

P. Address St. Louis, Mo.

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.