

FILED OCT 13 1945

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 2331

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
 In this community Eighteen months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Valley Park 11
(If outside city or town limits, write "RURAL")
 (d) Street No. Petty Hill No 19 V.P. 9
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James McConnell
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 4
 year 1945 hour 9 minute 2 a.m.
 21. I hereby certify that I attended the deceased from 9
29 1945 to 10-4 1945
 that I last saw him alive on 10-4 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 5 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 25 1942
(Month) (Day) (Year)

Immediate cause of death _____
Acute bacterial endocarditis with pericardial effusion
 Due to Septicemia from Acute osteomyelitis of left femur 9:10
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy Same

8. AGE: Years 3 Months 9 Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Vermont Arkansas 1
(City, town, or county) (State or foreign country)
 10. Usual occupation _____

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? _____

MOTHER FATHER
 11. Industry or business _____
 12. Name James McConnell
 13. Birthplace Oxford Indiana 1
(City, town, or county) (State or foreign country)
 14. Maiden name Bowditch Hale
 15. Birthplace Newport Ark
(City, town, or county) (State or foreign country)
 16. (a) Informant James McConnell
 (b) Address Petty Hill No 19 Valley Park
 17. (a) BURIAL (b) Date thereof 10-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cem
MITCHELLS FUNERAL HOME
WEBSTER GROVES, MO.
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 10-6-45 (b) E. H. McDaniel M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Charon Hendrix (M. D. or other) _____
 Address 601 Brentwood Date signed 10/4/45

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 John M. Meyer

Licensed Embalmer No. 5288

P. O. Address 340 W. Adams
Highwood 22 Ind.

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.