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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38494**
9466
Registrar's No.

Registration District No. **214**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital 0
(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 ST. LOUIS
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2117 S. 7th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anderson Rufus Connell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 3
year 1946 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edith Connell
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 11 1879
(Month) (Day) (Year)

Immediate cause of death _____
Cerebral Thrombosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
67 0 22 hr. _____ min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Wm. Connell

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know
(City, town, or county)

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Christeson

(b) Address 2112 S. 8th St.

17. (a) Burial (b) Date thereof Nov. 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) NOV 5 1946 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) Means of injury 3
23. Signature Alfred Perry (M. D. or other)
Address _____ Date signed 11/3/46

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

MOTHER FATHER

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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 Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.