

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36877

FILED DEC 23 1946

Registration District No. **3710** 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
(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 _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4276a Maffitt Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Agnes Connell**

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 **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 29th. 1871**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **Ireland Philadelphia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Andrew Byrnes** 13. Birthplace **Ireland**

14. Maiden name **Unknown** 15. Birthplace **Ireland**

16. (a) Informant **Mrs. Marie Gunz** (b) Address **4276a Maffitt Ave.**

17. (a) **Burial** (b) Date thereof **II/20/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chicago, Ill.**

18. (a) Signature of funeral director **Sullivan Funeral Dir.**
(b) Address **2849 North Euclid Ave.**

19. (a) **NOV 19 1946** (Date received local registrar) **J. F. Bredesch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18th.**
year **1946** hour **12.50** minute **A. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of left tibia**
fractured when she slipped
and fell at City Hospital
on or about Aug 24 1946
exact time unknown

Due to _____

Other conditions _____
*(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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) **Accident**

(b) Date of occurrence **on or about Aug 24 1946**

(c) Where did injury occur? **St Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Hospital
(Specify type of place)

While at work? _____ (e) Means of injury **as above**

23. Signature **Thomas E. Taylor** (M. D. or other) _____
Address **114 1/2** Date signed **11/20/46**

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

1830

37310

Coroners Case.

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

Robert L. Burkman
Licensed Embalmer No. 3553

P. O. Address.....

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.