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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 29 1947
Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2266

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk (Specify whether years, months or days)
In this community 5.0 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 916
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. Link Rd - Overland Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Elizabeth Connoley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Charles L. Connoley
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased Nov 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 15 hr. min.

9. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

12. Name Steinkrueger 4

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

14. Maiden name do not know

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Connoley

(b) Address Overland Mo

17. (a) Burial (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edmond F. Home

(b) Address 9222 Backland Overland Mo

19. (a) 10-28-47 (b) Beulah Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 8 July 1946 to 14 Oct 1947
that I last saw h. er alive on 14 Oct 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
Cardiac failure
Heart Block

Due to 17 cent Block
chronic myocarditis 930

Due to Chronic myocarditis
Empyema of gall bladder

Other conditions Empyema of Gall Bladder
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature H. E. Henger (M. D. or other)
Address Pattonville, Mo Date signed 27 Oct 47

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

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

16
8
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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.....

Al C. Osterman

Licensed Embalmer No.....

3478

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.