

S. No. 2
1-1/47
5-17-39

2386

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 652

FILED JAN 30 1948

Registration District No. 310

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital - Max C.**
(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..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **Starkloff 1420 Burd** **9**
Memorial (If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country..... **Scotland**

3. (a) PRINT FULL NAME..... **PHILLIP CONNELLY**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **Pending**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Single**

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

7. Birth date of deceased..... **June 6 1906**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 7 14 hr. min.

9. Birthplace..... **Scotland** **7**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business..... **Unemployed**

12. Name..... **John Connelly**

13. Birthplace..... **Ireland** **7**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah McLaughlin**

15. Birthplace..... **Scotland** **7**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. John Neudeck**

(b) Address..... **1420 Burd**

17. (a) (b) Date thereof..... **1 23 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Reverend Kuehner**
(b) Address..... **1431 Union Bl**

19. (a) **JAN 22 1948** (b) **J. F. Brudick**
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **20th**
year..... **1948**, hour..... **3** minute..... **00** P.M.

21. I hereby certify that I attended the deceased from..... **12/13/48**
....., 19....., to..... **Jan 20th** 19 **48**
that I last saw him alive on..... **Jan 20th** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Tuberculosis** **10 yrs.**

Due to..... **12**
Due to..... **12**

Other conditions..... (Include pregnancy within 3 months of death)

Curbside of the River

Major findings: Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of 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?..... (Specify type of place)
While at work?..... (e) - Means of injury..... **Auto**

23. Signature..... **J. H. Harman** **1/20/48**
1515 Lafayette (City or town) (State) (Date signed)

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

MOTHER FATHER

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

Licensed Embalmer No. 2915

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.