

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10426
State File No. _____
2552
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4714 Hammett Place.
(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. 4714 Hammett Place.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin J. McConnell.
3. (b) If veteran, name war None
3. (c) Social Security No. _____
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 26, 1882.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12th.
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Jan 14/3/48
_____, 19____, to 3-12-48, 19____.
that I last saw him alive on 3-12-48, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 8 16 _____ hr. _____ min.

Immediate cause of death
Myocardial infarction
Due to _____
Due to _____
Other conditions Myocardial infarction - chronic knowledge 5 yrs ago
(Include pregnancy within 3 months of death)
Other arteriosclerosis hypertensive
Major findings: _____
Of operations _____
Of autopsy _____
Duration 2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation Agent White Star Lines
11. Industry or business Retired.
12. Name John McConnell.
13. Birthplace Ohio.
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Schaefer.
15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

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)
23. Signature Geo. L. Pleitsch, Inc. (M. D. or other) _____
Address 7210 National Bridge Date signed 3-12-48

16. (a) Informant Mr. C.E. McConnell.
(b) Address 4714 Hammett Place.
17. (a) Burial (b) Date thereof 3-15-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Avenue
19. (a) MAR 15 1948 J. F. Brodeck
(Date received local registrar) (Registrar's signature)

Dr. A. Denk.
7216 Nat. Bridge.

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 Clement McHenry

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.