

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13966**

FILED MAY 1 1 1948 **818**

Primary Registration District No. **1003**

Registrar's No. **4320**

1. PLACE OF DEATH:

(a) County **St. Louis 5 MO.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2602 Vine Tr. 1**
(If not in hospital or institution, write street number of 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 **MO.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. **2602 Vine Tr. 1** (If rural, give location)
(e) Citizen of foreign country? **(21)** (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME

James Connors

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

MEDICAL CERTIFICATION

20. DATE OF DEATH **1948** month **April** day **11** hour **11** minute **15** 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.

4. Sex **Male** 5. Color of hair **Brown**
6. (a) Single, widowed, married, divorced _____
6. (c) Age of husband or wife if alive **att-1893**

Immediate cause of death _____
Duration _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: **44** Years **5** Months **1** Days If less than one day _____ min.

Due to **Proxymy Occlusion**
AW **(Sclerosis)**
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Miss. 1** (City, town, or county) (State or foreign country)

10. Usual occupation **truck**

11. Industry or business **truck**

12. Name **truck**

13. Birthplace **Miss. 9** (City, town, or county) (State or foreign country)

14. Maiden name **truck**

15. Birthplace **Miss. 9** (City, town, or county) (State or foreign country)

16. (a) Informant **Thos. F. Callender**

(b) **Anatomical Board**

17. (a) _____ (b) Date thereof **APR 30 1948** (Month) (Day) (Year)

(c) Place: burial **Anatomical Board**

18. (a) Signature of funeral director **Rowland Mortuary Service**

(b) Address **4104 Manchester Ave.**

19. (a) **APR 27 1948** (Date of local registrar) **J. F. Bredeck** (Registrar's signature)

Major findings: **W.M.Q.**
Of operations _____
Of autopsy _____
PHYSICIAN _____
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) _____
(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? _____ (Specify type of place) (c) Means of injury **2**
23. Signature **Chas. E. Hughes** (M. D. or other) **2**
Address _____ Date signed _____

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

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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

Ralph W. Heman

Licensed Embalmer No. *3791*

P. O. Address. *St. Louis, Mo.*

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.