

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No.

27980

Registrar's No.

7269

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)

3. (a) PRINT FULL NAME Clarence E. McConnell.

3. (b) If veteran, name war..... 493-092-6274 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 March 13, 1886.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 4 hr. min.

9. Birthplace Ft. Wayne, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business.....

MOTHER FATHER { 12. Name John M. McConnell.
13. Birthplace Ohio. /
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Schaefer.
15. Birthplace Ohio. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude I. Hancock.

(b) Address 3741 Keokuk Street.

17. (a) Burial (b) Date thereof 8-19-1948.
(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 5966-68 Easton Avenue.

19. (a) AUG 19 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.
year 1948 hour 3.30 P.M. minute..... M.

21. I hereby certify that I attended the deceased from June 15, 1948 to Aug 17, 1948
that I last saw him alive on Aug 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chr. Entertained Hypertension Duration 6 yrs
11/1

Due to.....
Due to.....

Other conditions.....
(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) Means of injury.....

23. Signature Albert J. Plank (M. D. or other).....
Address 720 Walnut Bridge Date signed 8-18-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Alfred A. Denk.
7216 Nat. Bridge Rd.
10.30 Am to 12 Noon.
Evergreen 6230

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 McNeary

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.