S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37986

Registrar's No. 9925

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: CITY HOSPITAL #1.0
(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 Mo (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2311 A TEXAS 8
(If rural, give location)

23

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AMOS EDWARD CONNOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife MARGARET CONNOR

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased DEC. (Month) 10 (Day) 1870 (Year)

8. AGE: Years 77 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name EDWARD CONNOR 2
13. Birthplace (City, town, or county) CANADA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ARNOLD
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant MARGARET CONNOR

(b) Address 2311 A TEXAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 17-1948 (Month) (Day) (Year)

(c) Place: burial or cremation LAUREL HILL

18. (a) Signature of funeral director E. J. SCHNUR

(b) Address 3125 LAFAYETTE

19. (a) NOV 16 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1948 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Asthma

Due to Cardiac Hypertrophy

Due to Calcstonery

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (e) Means of injury

23. Signature Alfred Pierr (M. D. or other)

Address Deputy Coroner Date signed 11/16/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 312 Lafayette Bldg

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.