

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20897
State File No. _____
Registrar's No. 4946

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		17 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 16 - 4045 Meramec St	

3. NAME OF DECEASED (Type or Print) MARGARET MARY CONNORS			4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 - 49		
5. SEX FEMALE	6. COLOR OR RACE W.	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 2 JUNE 23 - 1875		9. AGE (In years last birthday) 73 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (State or foreign country) IRELAND	
13a. FATHER'S NAME UNKNOWN WALSH		13b. MOTHER'S MAIDEN NAME UNKNOWN ?		14. NAME OF HUSBAND OR WIFE MICHAEL CONNORS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Margaret Connors 4045 Meramec St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 12 Hours

18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Protoplasmic			INTERVAL BETWEEN ONSET AND DEATH 12 Hours
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Atherosclerotic Disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR 4 2 2 1	
22. I hereby certify that I attended the deceased from 1946, 10, to 4/6, 1949, that I last saw the deceased alive on 2/5, 1949, and that death occurred at 9:35 Am., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arthur M. Smith MD			23b. ADDRESS 4148 So. Grand		23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 8 - 49	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE RECD BY LOCAL REG. JUN 7 1949		REGISTRAR'S SIGNATURE J. B. Foster		5. FUNERAL DIRECTOR'S SIGNATURE E. J. Schur		ADDRESS 3125 Lafayette

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

2-8-44-26

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joseph Hollmer

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette

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.