

No. 300
10.48

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32510

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2093

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lemay**
 c. LENGTH OF STAY (in this place) **4**
 d. FULL NAME OF HOSPITAL OR INSTITUTION: **Mizler Nursing Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lemay**
 d. STREET ADDRESS (If rural, give location) **8149 Gravois**

3. NAME OF DECEASED
 a. (First) **Mittie** b. (Middle) **Conners** c. (Last) **Conners**
 (Type or Print)

4. DATE OF DEATH **Aug. 31, 1949**
 (Month) (Day) (Year)

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Mar. 24, 1882**

9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (State or foreign country) **Kansas**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Clay Wright**

13b. MOTHER'S MAIDEN NAME **Isabelle Hironde**

14. NAME OF HUSBAND OR WIFE **Maurice Conners**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **none** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Bonnie Carlock 3740 S. Grand**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Colon**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS:
 Conditions contributing to the death but not related to the disease or condition causing death. **Paralytic Agitation**

INTERVAL BETWEEN ONSET AND DEATH
2 yrs
153 X
4 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **153 X**

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1944**, to **8/31, 1949**, that I last saw the deceased alive on **8-31, 1949**, and that death occurred at **4:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Hester MD**

23b. ADDRESS **5600 S. Compton**

23c. DATE SIGNED **9/1/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **9-2-49**

24c. NAME OF CEMETERY OR CREMATORY **Parklawn Cem**

24d. LOCATION (City, town, or county) (State) **Lemay, Mo.**

DATE REC'D BY LOCAL REG. **9-1-49**

REGISTRAR'S SIGNATURE **Robert R. Vonke**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Southern Funeral Home 6322 S. Grand Blvd.**

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

LA-81

Dr. Fuster
after 2 P.M.

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed *David Lee Ferson*

Licensed Embalmer No. *4242*

P. O. Address *6312 So Gaul*

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.