

FILED NOV 4 1949

State File No. 35916

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3064</u>		Registrar's No. <u>4249</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Jedburb 3</u>				c. LENGTH OF STAY (In this place) <u>--</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meremac near Jedburb</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>10 TOWN Ferguson</u>				
d. STREET ADDRESS (If rural, give location) <u>205 Henquin Dr.</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u>			b. (Middle) <u>Cecil</u>			c. (Last) <u>McConnell</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>10/23/49</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/17/24</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photoengraver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Uni. Match Corp.</u>		11. BIRTHPLACE (State or foreign country) <u>Gardena, California</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Cecil S. McConnell</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shaw</u>			14. NAME OF HUSBAND OR WIFE <u>Carol M. McConnell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 21</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carol M. McConnell, Ferguson, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractures and avulsion of various parts of body-piloting a fighter plane of Missouri National Guard which crashed and exploded into Meramec River near Jedburb, Mo.</u>				DUE TO (b) <u>plane of Missouri National Guard which crashed and exploded into Meramec River near Jedburb, Mo.</u>				E861 39
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Meramec River near Jedburb, Mo.</u>				
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 <u>860.X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Meramec River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jedburb, St. Louis, Mo. 6</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 23 49 P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE (Degree or title) <u>Arnold J. Willmann, Coroner 3</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>10/27/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, County.</u>		
DATE REC'D BY LOCAL REG. <u>10-27-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Ferguson, Mo.</u>				

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 *L. M. White* _____

Licensed Embalmer No. *3973* _____

P. O. Address *Highland* _____

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.