

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39497**  
Registrar's No. **04540**

FILED DEC 6 1949

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

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

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>3063</b>		Registrar's No. <b>04540</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived; if institution residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>6 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		96	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>Richard Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EVA</b>			b. (Middle) <b>MAE</b>		c. (Last) <b>CONNOLLY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 28 1949</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 11, 1892</b>	
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work (Specifying most of working life, even if retired)) <b>Retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>		11. BIRTHPLACE (State or foreign country) <b>Texas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Morris</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Williams (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give year or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John P. Cunningham 1504 Woodson Rd. Overland, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>					
		ANTECEDENT CAUSES Morbidity 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.					
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)		420.1	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-22-1949</b> to <b>11-28-1949</b> , that I last saw the deceased alive on <b>11-28-1949</b> and that death occurred at <b>1:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.R. Calle</b>				23b. ADDRESS <b>601 S. Brentwood Clayton</b>		23c. DATE SIGNED <b>11-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-29-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Free Free Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pattersonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-29-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Womack, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barbara Gooden, Overland, Mo.</b>			

Seal (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 3454

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, Inc

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.