

No. 300  
10.48

XC 2 340 206  
Reg. 96227  
FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35988

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3320

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>2289</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFF. BRKS. MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>42 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1104a ANGELRODT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SAMUEL</b>	b. (Middle) <b>M.</b>	c. (Last) <b>MC CONNELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10/2/51</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>6/29/81</b>	9. AGE (In years last birthday) <b>70 yrs.</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jesse A. McConnell</b>	13b. MOTHER'S MAIDEN NAME <b>Mary J. Morton</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>SPAW</b>	17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LUETIC-HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>LUES OF CENTRAL NERVOUS SYSTEM</b>		
	DUE TO (c) - - - - -		
11. 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/21, 1951, to 10/2, 1951, and that death occurred at 6:20p m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>V. A. HOSPITAL, JEFF. BRKS. MO.</b>	23c. DATE SIGNED <b>10/2/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO</b>
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DATE REC'D BY LOCAL REG. <b>10-4-51</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SON'S</b>	ADDRESS <b>3934 N. 20 Street</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*Gustav W. Dietrich*

Licensed Embalmer No.

*4329*

P. O. Address

*St. Louis, Mo.*

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.