

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42842

State File No.

10288

FILED DEC 20 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City 4326	
c. LENGTH OF STAY (In this place) 5-days		d. STREET ADDRESS (If rural, give location) 8522-Varney Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print) Ross M Connor	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Nov. 17, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19, 1883	9. AGE (In years last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	10b. KIND OF BUSINESS OR INDUSTRY Davis Pl. Trustees	11. BIRTHPLACE (State or foreign country) Mexico, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Conda K. Connor
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harmon Crocker	ADDRESS 8522-Varney University City
---	--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		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) _____ 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 checked="" type="checkbox"/> NO <input 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)
--	--	---

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? 5810
--	--	---

22. I hereby certify that I attended the deceased from **11-12**, 19**51**, to **11-17**, 19**51**, that I last saw the deceased alive on **11-17**, 19**51**, and that death occurred at **10:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank A. Munsch M.D.	(Degree or title)	23b. ADDRESS 33 W. Main Street Clayton, Mo.	23c. DATE SIGNED 11-19-51
---	-------------------	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-1951	24c. NAME OF CEMETERY OR CREMATORY Bonne Terre, Mo.	24d. LOCATION (City, town, or county) (State) (Via Motor) BONNE TERRE, MO
--	--------------------------------	---	---

DATE SIGNED BY LOCAL REG. 11-20-51	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Blumington Auto Inc.	ADDRESS 2504 Woodson Rd - Overland - 14 - Mo.
--	--	---	---

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 30 39

P. O. Address Overland 14 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.