

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44143

State File No. ....

FILED FEB 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10889**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY OR TOWN <b>ST LOUIS</b>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>WEBSTER GROVES</b>	4596
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES-HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>108 W-LOCKWOOD apts</b>	

3. NAME OF DECEASED (Type or Print) <b>JAMES A. CONNOR</b>			4. DATE OF DEATH <b>DEC-7-1951</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT-13-1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GRAIN</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>PATRICK P. CONNOR</b>	13b. MOTHER'S MAIDEN NAME <b>MARY E. LAWLER</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN CONNOR</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>HELEN CONNOR</b>	ADDRESS <b>WEBSTER GROVES</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROSIS OF CORONARY ARTERIES</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 YEARS</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>		<b>10 YEARS</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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H2O1</b>
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22. I hereby certify that I attended the deceased from June 18, 1951, to Dec. 7, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James B Jones M.D.</b>	23b. ADDRESS <b>337 N. Lockwood, Webster Groves Mo</b>	23c. DATE SIGNED <b>Dec 7, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC-10-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAKHILL</b>	24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD-MO</b>
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DATE REC'D BY LOCAL REG. <b>DEC 8 1951</b>	REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Aldrich</b>	ADDRESS <b>Fun Home Groves MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Leslie Welch*

Licensed Embalmer No. ....

*4395*

P. O. Address.....

*Webster Groves*

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.