

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6305**
Registrar's No. **1475**

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 22 2109 Walnut	

3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) c. (Last) Connic			4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1952			
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 13, 1894	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Billiard Parlor		11. BIRTHPLACE (State or foreign country) Hensley, Arkansas		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Connic	13b. MOTHER'S MAIDEN NAME Violet Thompson	14. NAME OF HUSBAND OR WIFE None
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes (15 days) World war I	16. SOCIAL SECURITY NO. 491-14-7523	17. INFORMANT'S SIGNATURE OR NAME Mr. Chester Carruthers	ADDRESS 205 S. 15th St.
--	---	--	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Cerebral Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None	

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)
--	--	---

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? 232X
---	--	---

22. I hereby certify that I attended the deceased from **2-11**, 19**52**, to **2-14**, 19**52**, that I last saw the deceased alive on **2-14**, 19**52**, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Loren W. Harvey, D.	23b. ADDRESS 2601 N. Whittier St.	23c. DATE SIGNED 2-15-52
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-16-52	24c. NAME OF CEMETERY OR CREMATORY Shippii jg	24d. LOCATION (City, town, or county) (State) Little Rock Ark.
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. FEB 16 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE L. A. ...	ADDRESS 1221 N. Grand
--	---	--	---------------------------------

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

Clarence Crooms

Licensed Embalmer No. *475-5*

P. O. Address *1221 N. Grand*

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.