

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21859

State File No. ....

REC'D JUL 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5884**

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

1. PLACE OF DEATH a. COUNTY <b>MO.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b> <b>2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PEOPLES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>19 4461 WASHINGTON AVE.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ROBERT</b> c. (Last) <b>CONNORS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 21 '52</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>MAR. 29, 1908</b>
9. AGE (In years last birthday) <b>44</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. FATHER'S NAME <b>CHARLES CONNORS</b>	
13b. MOTHER'S MAIDEN NAME <b>BYE CONNORS</b>		14. NAME OF HUSBAND OR WIFE <b>Robert</b>	
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>Mary Gray</b>		ADDRESS <b>4200 E. Chas</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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b></p> <p>ANTECEDENT CAUSES <b>Hypertension</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NO</b></p>	
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) (Min) _____		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>6/17</b> , 19 <b>52</b> to <b>6/21</b> , 19 <b>52</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:40 a.m.</b> from the causes and on the date stated above	
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>8222 E. Crow</b>	
23c. DATE SIGNED <b>6/23/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>JUNE 26, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAKWOOD CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>ALTON ILLINOIS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
DATE REC'D BY LOCAL REG. <b>JUN 24 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

JUL 1 1962

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Arthur L. Heilman

Signed .....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of ..... }  
County of ..... } ss.

State File No. 21859  
Local Registrar's No. 5884

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this ..... day of ....., 194....., before me appears.....  
**Luke Jones**, who, upon **his** oath, states that the original record of birth  
for **James Robert Connors** died **6-21** 19 **52**, in the State of  
Missouri, and which was filed at **St. Louis** on **6-24**, 19 **52**, should be corrected as follows:

Item No. **8** should read **March 31st, 1908**

Instead of **March 29th 1901**

Item No. **9** should read **44 years of age**

Instead of **51**

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant **Luke Jones Undertaker** Relationship.

**BH32 Harrison St. Louis**  
Present Address.

Subscribed and sworn to before me this **30** day of **June** 194 **52**

My Commission expires **3-4-53** **Edward C. Padlock** Notary Public.

1323-25-138  
2-5-40  
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

