

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44769

FILED JAN 26 1953

State File No. \_\_\_\_\_

12043

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	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 12, Missouri	
c. LENGTH OF STAY (In this place)		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS 5742 Etzel Ave. 5742 Etzel Ave.	

3. NAME OF DECEASED a. (First) Margaret b. (Middle) Mary c. (Last) Connelly		4. DATE OF DEATH (Month) (Day) (Year) 12-30-52	
5. SEX Female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 6 - 1895	
9. AGE (In years last birthday) 57 (57)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Head Key Person Ops.	
11. BIRTHPLACE (State or foreign country) ST. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME MICHAEL JOS. CONNELLY	13b. MOTHER'S MAIDEN NAME MARY BRADY	14. NAME OF HUSBAND OR WIFE
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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. 702-14-1759	17. INFORMANT'S SIGNATURE OR NAME MISS MARY CONNELLY	ADDRESS 5742 ETZEL
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bilateral hydrocephalus, recurring carcinoma.		INTERVAL BETWEEN ONSET AND DEATH 2-29-48 12-52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of ovary, bilateral		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-24-48	19b. MAJOR FINDINGS OF OPERATION by sv. adenocarcinoma of ovary, bilateral	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X

22. I hereby certify that I attended the deceased from 11-28, 1952, to 12-30, 1952, that I last saw the deceased alive on 12-29, 1952, and that death occurred at 5:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.	23b. ADDRESS 1755 S. Grand	23c. DATE SIGNED 12-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-2-1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town; or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. DEC 30 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont, St. Louis
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John S. Demald*

Licensed Embalmer No. *9194*

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.