

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4267**

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 0261
1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Rural Wellston		c. LENGTH OF STAY (In this place) 12 yrs. 11	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston 4180	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		d. STREET ADDRESS (If rural, give location) 7301 St. Charles Rock Rd.		
3. NAME OF DECEASED (Type or Print)		a. (First) Mary	b. (Middle) Thomas (Sister)	c. (Last) Connelly
4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 5, 1872	9. AGE (In years) (last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bellview Nashville, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Patrick Connelly		13b. MOTHER'S MAIDEN NAME Mary Concannon	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sr. Mary Louis ADDRESS 7301 St. Charles Rock Rd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral, terminal		DUE TO (b) Arteriosclerotic heart Disease		years
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized arteriosclerosis		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis yrs.				
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)	4200	
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?		
22. I hereby certify that I attended the deceased from 12/5 , 1949, to 1/22 , 1953, that I last saw the deceased alive on 1/22 , 1953, and that death occurred at 3:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Joseph A. Costello, M.D.		23b. ADDRESS 2407 N. Bldway, St. Louis 6, Mo.	23c. DATE SIGNED 1/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/24/53	24c. NAME OF CEMETERY OR CREMATORY Marillac	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG. 1-24-53	REGISTRAR'S SIGNATURE Hubert R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Kelly		ADDRESS 7267 Central Bridge

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

Ben E. Hoffmann

Licensed Embalmer No.

4366

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.