

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12704**

FILED APR 3 1953

BIRTH, NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 547	Registrar's No. 805
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) University City #376		
c. LENGTH OF STAY (In this place) 6 Days		d. STREET ADDRESS (If rural, give location) 7448 University Drive		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) E.		c. (Last) Connors
4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1953				
5. SEX 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 6, 1873	9. AGE (In years: last birthday) Months Days Hours Min. 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.		10b. KIND OF BUSINESS OR INDUSTRY Ice & Fuel Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Patrick Connors		13b. MOTHER'S MAIDEN NAME Unknow Donnelly		14. NAME OF HUSBAND OR WIFE Anna Connors
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. 488-03-8196		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Connors 7448 University Dr
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small Bowel Obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ventral hernia 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 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) 5613
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
22. I hereby certify that I attended the deceased from 3/2 , 19 53 , to 3/13 , 19 53 , that I last saw the deceased alive on 3/11 , 19 53 , and that death occurred at 8:45 Am. , from the causes and on the date stated above.				
23a. SIGNATURE Thomas M. Martin		23b. ADDRESS 634 no 9th		23c. DATE SIGNED 3/13
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. 3-14-53		REGISTRAR'S SIGNATURE Hubert P. Donohue - Mr. Arthur J. Donnelly		25. FUNERAL DIRECTOR'S SIGNATURE 3840 Wendell

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

Dr. T. Martin
New Theatre Bldg
Je 6633
FR 2.30 to 5.30 P.M.

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

Francis Williamson

Licensed Embalmer No. 3565

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.