

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27094**
Registrar's No. **2006**

FILED AUG 6 - 1953
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

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 OR TOWN Clayton		c. CITY OR TOWN Affton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 Hr.		e. STREET ADDRESS (If rural, give location) 6008 Heege Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) _____ c. (Last) CONNORS			4. DATE OF DEATH (Month) (Day) (Year) July 20 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan. 19, 1887
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker-Liggett & Myers Tob. Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker-Liggett & Myers Tob. Co.		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Connors		13b. MOTHER'S MAIDEN NAME Mary Keenan	14. NAME OF HUSBAND OR WIFE Late Effie J. Connors
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes World War 1		16. SOCIAL SECURITY NO. 489-10-5428	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Sheeran 2907a Kossuth Ave.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive degenerative heart disease ANTECEDENT CAUSES DUE TO (b) Diabetes mellitus 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"/>		260K	
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? _____	
22. I hereby certify that I attended the deceased from May 7, 1951 , to death, 19 , that I last saw the deceased alive on July 14, 1953 , and that death occurred at 10:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) F. R. J. [Signature]		23b. ADDRESS 539 No. Grand Blvd.	23c. DATE SIGNED 7-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 23, 1953	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. 7-21-53	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

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

40022

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.....
Signature of Student Embalmer

Signed. *William B. White*.....

Licensed Embalmer No. *5291*.....

P. O. Address *222 So. King St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.