

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 2 1954

318

1003

2827

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)									
De Paul Hospital				4966a Page Blvd.									
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)				
MICHAEL			J.			CONNORS			4. DATE OF DEATH (Month) (Day) (Year)				
March 27, 1954.			5. SEX			6. COLOR OR RACE			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)				
Male <input checked="" type="checkbox"/>			White			Married			8. DATE OF BIRTH				
Nov. 11, 1894			9. AGE (In years last birthday)			IF UNDER 1 YEAR			IF UNDER 4 HRS.				
59			Months			Days			Hours				
10a. USUAL OCCUPATION (Giv. kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY?				
Buyer			Wholesale Dry Goods			St. Louis, Mo.			U.S.A.				
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE					
Michael Connors				Nellie Stanton				Greta A. Connors					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
No				490-03-9208				Mrs. Greta A. Connors, 4966a Page Blvd.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))										MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)										Coronary Thrombosis		1 HOUR	
ANTECEDENT CAUSES										Myocarditis		1 1/2 yrs	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.										Coronary Spasm		2 yrs	
DUE TO (b)													
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 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)			420.1				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 8/28, 1949, to March 27, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 12:55 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title)						23b. ADDRESS			23c. DATE SIGNED				
D. J. Mistachkin M.D.						3903 Olive			3/29/54				
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE			24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
Burial			3/31/54.			Calvary Cemetery			St. Louis, Mo.				
DATE REC'D BY LOCAL REG.			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS				
MAR 29 1954			J. Earl Smith M.D.			Calvin F. Feutz, 4828 Natural Bridge Blvd.							

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph E. Linders*.....

Licensed Embalmer No... *42*

P. O. Address... *St. Louis*

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.