

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35245  
Registrar's No. 8580

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>3432 Shenandoah Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3432 Shenandoah Ave.</u>			

3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First)		b. (Middle) <u>Ann</u>		c. (Last) <u>Conners</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1954</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Aug. 10, 1884</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>William Baumeier</u>		13b. MOTHER'S MAIDEN NAME <u>Teresa Schoenhof</u>		14. NAME OF HUSBAND/OR WIFE <u>Charles P. Conners</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Raymond Conners, 3432 Shenandoah Ave.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Angina pectoris</u>		<u>10 yrs</u>	
		DUE TO (c) <u>Arterio. sclerosis</u>		<u>10 yrs</u>	
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)	
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? <u>4202</u>	

22. I hereby certify that I attended the deceased from 10-7, 1947 to 9-19, 1954, that I last saw the deceased alive on 9-17, 1954, and that death occurred at 12:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Charles M.D.</u>		(Degree or title)		23b. ADDRESS <u>110 S. Central</u>		23c. DATE SIGNED <u>9-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>SEP 20 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnell</u>		ADDRESS <u>3840 Lindell Blvd.</u>	
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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 *[Signature]*..... Student Embalmer No.....

working under my personal supervision.:

Student.....  
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 46.....

P. O. Address 3840.....

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.