

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY OR TOWN <u>St. Charles</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>619 North 2nd. St.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>619 North 2nd.</u>		<u>09230</u>	
3. NAME OF DECEASED a. (First) <u>Margaret</u>		b. (Middle) _____ c. (Last) <u>Connelly</u>	
4. DATE OF DEATH (Type or Print) _____ (Month) <u>Jan.</u> (Day) <u>31</u> (Year) <u>1955</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 5, 1863</u>
9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u>4</u> Mins. _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Convent</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>
13a. FATHER'S NAME <u>Timothy Connelly</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Guerin</u>	
14. NAME OF HUSBAND OR WIFE _____			
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Katharyn Curtin - Convent of the Sacred Heart St. Charles, Mo.</u> ADDRESS _____
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) <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Indeterminate</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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) <u>Mo.</u>	
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 <u>March</u> , 19 <u>54</u> , to <u>Jan 31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>55</u> , and that death occurred at <u>10-55</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. J. Conroy</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Feb 1 - 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
DATE REC'D BY LOCAL REG. <u>February 11 1955</u>	REGISTRAR'S SIGNATURE <u>Francis Hamilton</u> 284	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallymore + Son</u> ADDRESS <u>St. Charles, Mo.</u>	

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 *Frank R. Amal...*
Licensed Embalmer No. *148*
P. O. Address *St. Ch...*

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.