

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6084

FILED FEB 25 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

1008

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 25 HOSPITAL ORST. LOUIS CITY HOSPITAL #1.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2257 #5 N. 9th St.	
3. NAME OF DECEASED (Type or print) CHARLES JOSEPH CONNOR				4. DATE OF DEATH JAN. 26, 1957		Month Day Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 27, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pin Setter		100. KIND OF BUSINESS OR INDUSTRY Bowling Alley		11. BIRTHPLACE (City and state or country) Unknown		9. AGE (In years last birthday) 63	
13. FATHER'S NAME Charles Connor				14. MOTHER'S MAIDEN NAME Mary (Unknown)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO. 489-07-5353		17. INFORMANT Address Dudley Baker 2331 Mullamphy St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aspiration pneumonia DUE TO (b) carcinoma of the esophagus DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 150x							INTERVAL BETWEEN ONSET AND DEATH Less than 2 hrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12/27/56 and last saw her 1/26/57 Death occurred at 1:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edwin H Haukamp M.D.				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 1/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-31-57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR ADDRESS Cullen & Kelly 7267 Natural Bridge				25. DATE RECD. BY LOCAL REG. JAN 31 '57		26. REGISTRAR'S SIGNATURE Carl Smith mo m & B	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, coroner, etc. must be only standard nomenclature in item 18. The symptoms will be stated. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed James A. Lammers
Licensed Embalmer No. 4

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.