

FILED MAY 10 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14991

318

1003

STATE FILE NUMBER

4293

Registration District No. Primary Registration District No.

Registrar's No.

Health,
& Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Corr. by aff.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6038a Pershing Ave.		Length of stay in lb 22-yrs. 2 1/2		STREET ADDRESS (If outside, give location) 6038a Pershing Ave.	
3. NAME OF DECEASED (Type or print) First Walter		Middle Burke		Last McConnell	
4. DATE OF DEATH Month May		Day 5		Year 1957	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Nov. 28, 1888		9. AGE (In years last birthday) 68 60		IF UNDER 1 YEAR Months 5	
IF UNDER 1 YEAR Days 7		IF UNDER 24 HRS. Hours 1		Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman- Dunn & Bradstreet		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ala.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Rantiford McConnell		14. MOTHER'S MAIDEN NAME Virginia J. Sierra	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Virginia J. McConnell, 6038a Pershing Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO (b) Phlebotrombosis, Rt. Femoral DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 20 min. 1 day?		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) 463X			
20c. TIME OF INJURY Hour 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 _____ to _____ and last saw him alive on _____ Death occurred at 9:00 am. on the date stated above; and to the best of my knowledge, from the causes stated.		1954		5 May 57	
22a. SIGNATURE A. Boldt MD		22b. ADDRESS 6000 W. Florissant		22c. DATE SIGNED 6 May 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 7, 1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. STATE Missouri		23f. COUNTY	
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. MAY 6 '57	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD		27. REGISTERAR'S SIGNATURE mjs			

(Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williams*

Licensed Embalmer No. *350*

P. O. Address *3840 Lind*

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.