

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33362  
STATE FILE NUMBER  
8663

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>6519 Crest Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Della</u> Middle <u>J.</u> Last <u>Connors</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>15</u> Year <u>1957</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 30, 1888</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife-at home</u>		9b. KIND OF BUSINESS OR INDUSTRY _____	9c. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	9d. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>2</u> Days <u>15</u> Hours _____ Min. _____
11a. FATHER'S NAME <u>James Naughton</u>		11b. MOTHER'S MAIDEN NAME <u>Margaret McGlauchlin</u>	11c. NAME OF HUSBAND OR WIFE <u>Mr. John L. Connors</u>
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u>none</u>	12c. INFORMANT Address <u>Mr. John L. Connors, 6519 Crest Ave., U.C.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA C.V.A.</u>			14. INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Art. Scler &amp; Hypertension</u> DUE TO (c) <u>Arteriosclerosis &amp; Hypertension</u>			15. INTERVAL BETWEEN ONSET AND DEATH <u>10-15 yrs</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of colon 331XH</u>			16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): _____	
18. TIME OF INJURY _____		19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20b. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>1948</u> to <u>9.15.57</u> and last saw her <u>alive</u> on <u>9.15.57</u> . Death occurred at <u>4:45 pm.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. Cassidy</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>4952 Maryland</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 18, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
24. GENERAL DIRECTOR ADDRESS <u>3840 Lindell Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 16 '57</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith mo</u>		27. _____	

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John P. Connors, 6219 Great Ave. U.S. Ireland  
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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 John P. Connors, Student Embalmer No. 4699 working under my personal supervision.

Student John P. Connors  
Signature of Student Embalmer

Signed John P. Connors  
Licensed Embalmer No. 4699  
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.