

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

318

06142-37

2777
STATE FILE NUMBER

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <u>St. Louis - Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MAPLEWOOD 4524</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
39 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL GLENNON</u>			Length of stay in 1b <u>6 wks</u>		27 STREET ADDRESS (If outside, give location) <u>7780 ALCIA CT</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Leo</u> Last <u>CONN</u>				4. DATE OF DEATH Month <u>1</u> Day <u>2</u> Year <u>58</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-19-57</u>		9. AGE (In years last birthday) <u>6 wks.</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>NORMAN CONN</u>				14. MOTHER'S MAIDEN NAME <u>Jacqueline Convery</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>-</u>		17. INFORMANT <u>Joyce E. Deune, M.D.</u> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGENITAL HEART DISEASE</u> <u>Dextroposition AORTA.</u> <u>PARENT FORAMEN OVALE + Ductus.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ <u>Acute PASSIVE CONGESTION.</u> <u>Segmental Pulmonary Atelectasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>754.3</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>		
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 _____ 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 <u>Dec. 25, 1957</u> to <u>Jan. 2, 1958</u> and last saw ^{her} _{him} alive on <u>Jan. 1, 1958</u> Death occurred at <u>4:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Joyce E. Deune M.D.</u>				22b. ADDRESS <u>Cardinal Glennon Hospital</u>			22c. DATE SIGNED <u>1-2-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>1-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>				
24. FUNERAL DIRECTOR <u>JAY-B-SMITH-MAPLEWOOD 17 MO</u>			25. DATE RECD. BY LOCAL REG. <u>JAN 4 '58</u>		25. REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> <u>Wore</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J Allen Davis*.....
Licensed Embalmer No. *493*.....

P. O. Address *St. L.*.....

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.