

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007099

STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2381

300
1-57

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4033 a NO. NEWSTEAD AVE		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 01/09 4033 a NO. NEWSTEAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL J. CONNELLY			4. DATE OF DEATH Month Day Year FEB, 25, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 13, 1893		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GOVERNMENT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PATRICK CONNELLY		13b. MOTHER'S MAIDEN NAME MARY MANNION	
14. NAME OF HUSBAND OR WIFE MARCELLA CONNELLY		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-09-8184	
17. INFORMANT MARCELLA CONNELLY		Address 4033 a NO. NEWSTEAD		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i> DUE TO (b) <i>Arteriosclerotic Corded Vessel Heart Disease</i> DUE TO (c) <i>Multiple Pulmonary Emboli</i> 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 2 hours		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1		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 ST LOUIS		COUNTY STATE	
21. I attended the deceased from <u>7/5/57</u> to <u>2/25/58</u> and last saw her/him alive on <u>2/25/58</u> . Death occurred at <u>6:20</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Crapner, M.D.</i> (Degree or title)			22b. ADDRESS 1901 Madison		22c. DATE SIGNED 2/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/28/58		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
23d. LOCATION (City, town, or country) ST LOUIS MISSOURI		23e. STATE FILE NUMBER (State)		24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE	
25. DATE RECD. BY LOCAL REG. FEB 27 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> G.P.		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

*Dr. Casper
19th - Madison
1 PM*

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 *M W Rueter*

Licensed Embalmer No. *4865*
P. O. Address *St Louis Mo*

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.