

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041420

STATE FILE NUMBER
11534

alth, Welfare Public Service
00-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11534

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|--|----------------------------------|---|---|
| 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 | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4605 Lindell Blvd. | | d. STREET ADDRESS (If outside, give location) 4605 Lindell Blvd. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Loretto A Connor | | 4. DATE OF DEATH Month Day Year November 29th 1958 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 13th 1888 |
| 9. AGE (In years last birthday) 70 | | 10. KIND OF BUSINESS OR INDUSTRY | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect. Ex. Office-retired | | 11. BIRTHPLACE (City and state or country) St. Louis Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Anthony Connor | |
| 14. MOTHER'S MAIDEN NAME Bridget Padden | | 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. no | | 17. INFORMANT Sarah Connor 4605 Lindell Blvd. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia - left Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Infarct - rt. 4/10X DUE TO (c) Rheum. Mitral Stenosis | | | INTERVAL BETWEEN ONSET AND DEATH 7 days 50 yrs? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 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.) |
| 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 June 1956 to Nov 29 1958 and last saw her alive on Nov 28 1958 Death occurred at 1.00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated | | | |
| 22a. SIGNATURE R. Russell M.D. | | 22b. ADDRESS 3720 Washington | 22c. DATE SIGNED 11/30/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 12-2-1958 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Missouri |
| 24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd. | | 25. DATE RECD. BY LOCAL REG. DEC 1 - '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P. |

(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 by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Dionis Williams*

Licensed Embalmer No.

P. O. Address 3840

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.