

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3657

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 24 1961

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Mo</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY _____                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St Louis Mo</u>  |  | Length of stay in 1b<br><u>7-days</u>   | c. CITY OR TOWN <u>St Louis Mo</u> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>1407 Tamm Ave.</u> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Patrick</u> Middle <u>J.</u> Last <u>Connors</u>   |  | 4. DATE OF DEATH<br>Month <u>4</u> Day <u>15</u> Year <u>61</u>   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-9-1888</u>  |
|  |  | 9. AGE (last birthday)<br><u>72</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Barber</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired Barber</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Ireland</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  |   |  |
| 13a. FATHER'S NAME<br><u>John Connors</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Nylaivd</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Margaret</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 17. INFORMANT<br>Address<br><u>Margaret Connors 1407 Tamm Ave</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Intestinal Obstruction, Myocarditis</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| DUE TO (b) _____   |  |   |  |
| DUE TO (c) <u>570.5</u>  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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 _____ a.m. _____ p.m. Month, Day, Year _____  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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>4-9-61</u> to <u>4-15-61</u> and last saw <u>her</u> <u>him</u> alive on <u>4-15-61</u><br>Death occurred at <u>4:30</u> <u>p</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br>  |  | 22b. ADDRESS<br><u>4930 Lindell Blvd. St. Louis 8, Mo.</u>  | 22c. DATE SIGNED<br><u>4-17-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>4-19-1961</u>          | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>St Louis Mo</u>  |
| 24. FUNERAL DIRECTOR<br><u>Arthur J. Donnelly</u>  |  | ADDRESS<br><u>3840 Lindell Blvd</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>APR 17 1961</u>   |
| 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u>   |  |   |  |

**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. 3565

P. O. Address 3840 Linde

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.