

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

COPY

Certificate of Death

1. PLACE OF DEATH: (a) State of Connecticut: (b) County Fairfield (c) Town Stamford (d) Length of stay in town 2yrs
(If not in hospital give street no. or location)
(e) Name of Hospital or Institution St. Joseph's Hospital

2. USUAL RESIDENCE OF DECEASED: (a) State Conn. (b) County Fairfield (c) Town Stamford (d) (City or Borough)
(If rural, give location)
(e) Street Number 369 Atlantic

3. NAME OF DECEASED (Type or print) (First) (Middle) (Last) 4. SOCIAL SECURITY NUMBER
Vincent Leo Molyneaux

PERSONAL AND STATISTICAL PARTICULARS

5. SEX Male 6. RACE White 7. SINGLE, ~~XXXXXX~~ XXXXXXXXXX
8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND

9. DATE OF DEATH (Month) (Day) (Year)
May 4 1950

10. DATE OF BIRTH (Month) (Day) (Year) AGE (in years last birthday) If under 1 year If under 1 day
Aug. 17, 1888 61 Months Days Hours Mins.
300
716

11. BIRTHPLACE (City or town) (State or foreign country)
Town of Lewiston N.Y.

12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Retired Traveling Accountant
(b) Industry or Business U.S. Gov. R.F.C.

13. (a) WAS DECEASED A VETERAN? Yes or No no
(b) If yes, give war Unit or Ship

FATHER 14. NAME Unknown (City or town) (State or foreign country)
15. BIRTHPLACE Unknown

MOTHER 16. NAME Margaret Dempsey (City or town) (State or foreign country)
17. BIRTHPLACE Unknown

18. INFORMANT'S NAME
M. L. Dickson

19. BURIAL, ~~XXXXXXXXXXXX~~ Date May 8 19 50
Cemetery St. Mary's
Place Niagara Falls, N.Y.

20. NAME OF EMBALMER IF BODY WAS EMBALMED License number
John G. O'Neill 1415

21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR
Leo P. Gallagher
Address Stamford, Conn.

MEDICAL CERTIFICATION

22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
(a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death) INTERVAL BETWEEN ONSET AND DEATH
Dissecting Abdominal Aortic Aneurysm 3-4-days

23. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)

ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO Vascular Arteriosclerosis yrs

24. OPERATION, DATE AND MAJOR FINDINGS

AUTOPSY (Yes or No)
yes

25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (b) Date of occurrence

(a) Accident, suicide, homicide (specify)
(c) City or Town and State Where injury occurred
(d) Did injury occur in or about home, factory, farm, office, street, etc.?
(e) While at work?
(f) How did it occur?

26. I HEREBY CERTIFY. That I attended the deceased from Jan. 19 48 to May 4 19 50
that I last saw the deceased alive on May 3 19 50
and that death is said to have occurred on May 4-50 at 8 P.M.

27. SIGNATURE OF PHYSICIAN
Leo M. Smith, M.D.
Address Stamford, Conn. Date 5/5/50

THIS CERTIFICATE RECEIVED FOR RECORD ON

May 8, 1950

By Madeline H. McMahon, Ass't

Form V. S. 18 Rev. (11-49) 25M

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

Fredrick Adams, DDS, M.P.H.
Commissioner of Health Services



Kathryn E. Church
Registrar of Vital Records

FEB 17 1988

I certify that this is a true copy of the certificate received for record. Attest: Madeline H. McMahon Registrar.