WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3152

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4009a N. 23nd St. ..... Ward)

File No. ..... Registered No. 749

2. FULL NAME John Conrad

(a) Residence. No. 4009a N. 23nd St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Conrad

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 27 1853

7. AGE: Years 73 | Months 6 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Terminal RR.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ger.

PARENTS

10. NAME OF FATHER: Donot know Conrad

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ger

12. MAIDEN NAME OF MOTHER: Donot know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ger.

14. INFORMANT: Mary Conrad.
(Address) 4009a N 23nd.

15. FILED JAN 22 1927, 19 ..... Max C Starkcoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Jan 20, 1927, that I last saw him alive on Jan 19, 1927, and that death occurred, on the date stated above, at 1250 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Interstitial Nephritis (Chronic)

131

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 129 A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C W Schaub, M. D

1/21, 1927 (Address) 2302 Carlisbury

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Freedens.

DATE OF BURIAL: Jan 22 1927

20. UNDERTAKER: Provost Und Co

ADDRESS: 3710 N Grand