

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. *12311*  
Township..... Primary Registration District No. *12311*  
City..... *St. Louis Missions Infirmary*

File No. *25147*  
Registered No. *6935*  
St. *A3* Ward

**2. FULL NAME**

(a) Residence. No. *1453 Beaton* St., *A3* Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Robert Conrad*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Abt 1848*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. *Abt 80*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housework - sewing*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Mitchell Deep*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Elizabeth Harris*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

14. INFORMANT *Mrs. Mary Clapp*  
(Address) *2519 So. Jefferson Ave. St. Louis*

15. JUL - 3 1928 FILED..... 19..... REGISTRAR *W. C. Standley*

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 2 1928*

17. I HEREBY CERTIFY, That I attended deceased from *July 1 1928* to *July 2 1928* that I last saw her alive on *July 2 1928*, and that death occurred, on the date stated above, at *2:30 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*1. Chronic Myocarditis*  
*2. Hypostatic pneumonia*  
*No. 103*

CONTRIBUTORY (SECONDARY) *Senility*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH *DOB*

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN ACCIDENTAL INJURY? DATE OF.....  
WHAT TESTS WERE MADE? *Card. H. H. Medical Assoc. Dr. J. H. M. H. Kuchner, M. D. 15 (Address) *Sumner - same city**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Briedens* DATE OF BURIAL *7-3 1928*

20. UNDERTAKER *W. C. Moydell* ADDRESS *1926 Allen*

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.

