

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

Do not use this space

25494

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No.....

Township.....

Primary Registration District No. 1003

Registered No. 7508

City St. Louis (No. City Hospital)

St. .... Ward)

**2. FULL NAME**

Stellas Conrad

(a) Residence, No. 821 77 13 St., 25 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX Female 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 Harry Conrad

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
39 | 9 | 14 | 108

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(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) Massouri

10. NAME OF FATHER Joseph Miles

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

12. MAIDEN NAME OF MOTHER Mrs. Conrad

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

14. INFORMANT (Address) City Hospital

15. FILED 1-1 1928 Wm. C. Starke REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY That I attended deceased from July 8, 1928, to July 12, 1928, that I last saw him alive on July 12, 1928, and that death occurred, on the date stated above, at 1:45 pm.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108 Lobar Pneumonia  
1014 (duration) ..... yrs. .... mos. .... ds.  
Myocarditis  
CONTRIBUTORY (SECONDARY) (duration) ? yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) R. Berg M. D.  
7/12 1928 (Address) City Hospital

\*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 DATE OF BURIAL  
Valhalla Cemetery 7/14 1928

20. UNDERTAKER ADDRESS  
Arthur J. Donnelly 2039 Wash St

WRITE MAINLY, 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.

Conrad