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.

37340

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H — Registered No. 278
City Richmond Hts (No. St. Mary Hosp St. Ward)

2. FULL NAME Infant Conrad
(a) Residence. No. Kirkwood St., Ward
(Usual place of abode) (If nonresident give city or town and State)
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: F
4. COLOR OR RACE: WL
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-22-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	1	

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

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ralph Conrad
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Leona Aff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Ralph Conrad
(Address) Kirkwood Mo RR #2

15. FILED 11/23 1930 C L Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-1930

17. I HEREBY CERTIFY, That I attended deceased from 11-22, 1930, to 11-23, 1930 that I last saw her alive on 11-23, 1930, and that death occurred, on the date stated above, at 8 30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature
new born
15 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161 (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? Clinical
(Signed) Carl C Irick, M.D
11/23, 1930 (Address) Webster Grove, Mo

*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: St. Johns Cemetery — DATE OF BURIAL: 11/24 1930

20. UNDERTAKER: Louis H. Bopp — ADDRESS: Kirkwood Mo