

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

Do not use this space.

23455

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 100
City St. Louis Mo. (No. Barnes Hospital) St. _____ Ward _____

File No. _____
Registered No. 6956
St. _____ Ward _____

2. FULL NAME John Conlon

(a) Residence, No. 1111 North 7th St., 15 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 Male 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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 72</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:4

10. Date deceased last worked at this occupation (month and year) Not known 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME J. Conlon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Rev. Timothy Dempsey
(ADDRESS) 1111 No. 7th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cathary DATE June 24, 1931

19. UNDERTAKER Demuel Williams
(ADDRESS) 1138 No. 6

20. FILED 1931 May 27 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1931, to 6-21, 1931.

I last saw him alive on 6-21, 1931. Death is said to have occurred on the date stated above, at 1500.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of aorta Date of onset 4/30/31
Hypertrophy of prostate 137
Myocarditis, chronic 930
Other contributory causes of importance: Uremia, acute 97

Name of operation 2 stage Prostatectomy Date of 6/27/31
What test confirmed diagnosis: _____ Was there an autopsy? 12/29/31

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. J. [Signature] M. D.
(Address) Barnes Hospital

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.

