

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

Do not use this space.

7516

1. PLACE OF DEATH

County Registration District No. **1003**
 Township Primary Registration District No.
 City **Saint Louis** (No. **4321 Kennerly Avenue**) St. Ward

File No.
 Registered No. **1471**

2. FULL NAME **Carl Conway, Jr.**

(a) Residence, No. **4321 Kennerly Avenue St. 11** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. **6** mos. **26** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15, 1932**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 --- **6** **26**

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

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

10. Date deceased last worked at this occupation (month and year) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Carl Conway**

14. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Cora Ford**

16. BIRTHPLACE (CITY OR TOWN) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Miss J. M. Mosley**
 (ADDRESS) **4321 Kennerly Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Feb. 13, 1933**

19. UNDERTAKER **Charles G. Bates**
 (ADDRESS) **4107 Finney Avenue**

20. FILED **FEB 13 1933** **Max C. Standen**
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 11th, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **2/10/33** to **2/11/33**, 19**33**
 I last saw him alive on **2/11/33**, 19**33** Death is said to have occurred on the date stated above, at **8:25** M. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Primary
108

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify

(Signed) **James G. Perry**, M. D.
 (Address) **1443 2nd Broadway**

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.

