

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

Do not use this space.

MAY 25 1934

14506

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
No. 3827a Oregon Avenue

File No.....
Registered No. 3686
St. Ward)

2. FULL NAME Mary Phillipine Conway

(a) Residence, No. 3827a Oregon Avenue St. 24 Ward.

(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 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 Conway				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29th, 1904				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	29	9	11	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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) (STATE OR COUNTRY) **Cape Girardeau, Missouri**

13. NAME (Unknown) **Carle**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT Harry Conway
(ADDRESS) 3827a Oregon Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE April 13th, 34

19. UNDERTAKER Wick Bros
(ADDRESS) 2201 S. Grand Boulevard

20. FILED PR 12 1934
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 10th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1934 to April 10 1934
I first saw her alive on April 12 1934. Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Cerebral embolism
mitral stenosis
Auricular fibrillation

Date of onset 4/10/34
1931
1931

Other contributory causes of importance:

Name of operation: Phip Ex Date of.....
What test confirmed diagnosis? Phip Ex Was there an autopsy? No

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) Samuel B. Grant, M. D.
(Address) 3720 Washington

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.

33-55
1-12

3720 Washington
1-4:30 PM