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

Do not use this space.

File No. 18277
Registered No. 4750

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 3144 Iowa St. ..... Ward)

2. FULL NAME Eugene Geo. Conroy

(a) Residence, No. 3144 Iowa St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

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.

JUN 19 1934

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	4	14	

OCCUPATION

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

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

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) Jefferson Barracks Mo.

FATHER

13. NAME William Conroy

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

MOTHER

15. MAIDEN NAME Mary Keane

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

17. INFORMANT Mary Conroy
(ADDRESS) 3144 Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE May 11 1934

19. UNDERTAKER H. Schumacher
(ADDRESS) 3013 Miramec St.

20. FILED MAY 10 1934 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th. 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7 1934 to May 8 1934

I last saw him alive on May 7 1934 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

	Date of onset
53E	
94A	
Angina Pectoris	

Other contributory causes of importance:

Sarcoma of Neck.

Name of operation None 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) Julius Chas. Kolb, M. D.

(Address) 2603 Chouteau Av.

26 3d Cherokee
Pnos 3636

Call Rm 11 5-8
When readily [illegible] a [illegible] store