

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.

MAR 28 1935

7643

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
 Township _____ Primary Registration District No. 6248 B
 City Jefferson Barracks, Mo. (No. Veterans Administration Facility) File No. _____
 Registered No. 68 St. _____ Ward _____

2. FULL NAME

Conrad P. Luell
 (a) Residence, No. 4029 Camellia Street St. _____ Ward. St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Un yrs. kn mos. WY 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*) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Luell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 2 13

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

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

MOTHER FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT W. C. Gibson, M.D. (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Feb. 26, 1935

19. UNDERTAKER Craig Undertaking Cos. (ADDRESS) 4420 Washington Blvd.

20. FILED Feb 23 1935 L. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1935 to February 23, 1935
 I last saw him alive on February 23, 1935 Death is said to have occurred on the date stated above, at 1:58 pm.
 The principal cause of death and related causes of importance were as follows:

Myelogenous leukemia Date of onset Unkn.
 Other contributory causes of importance:
Arteriosclerosis, peripheral.
Anemia, symptomatic, severe.

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.
Physical exam, clinical manifestations
X-ray and laboratory findings
 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) W. C. Gibson, M.D. Chief of Department
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

