

DEC 12 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791  
1008

Do not use this space.

37786

## 1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City St. Louis (No. 3012 - Indiana) St. .... Ward)

File No. ....  
Registered No. 9741  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 3012 - Indiana 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matthew Conkling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 24 - 1882</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fitter</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dress Shop</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syndora Illinois</u>		
FATHER	13. NAME <u>Leander Skeen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Drake</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Matthew Conkling 3012 - Indiana</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Shore, Grate 11 - 22 - 35</u>		
19. UNDERTAKER (ADDRESS) <u>With Bro. &amp; Co. 2929 Jefferson Ave. St. Beredek</u>		
20. FILED <u>NOV 21 1935</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1935 to Nov 19 1935  
I last saw him alive on Nov. 19 1935 Death is said to have occurred on the date stated above, at 3:05 p.m.  
The principal cause of death and related causes of importance were as follows:  
Hepatic & Gastric carcinoma (metastatic) Date of onset as above

Other contributory causes of importance:  
Had tumor of breast removed several years ago  
and of neck removed 6 mo ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) W P Erdmann M. D.  
(Address) 3146 Morganford Rd.

WHILE TRAINED 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.

