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

JUL 22 1936

Do not use this space.

23328

1. PLACE OF DEATH
County Jefferson — Registration District No. 423 — File No.
Township Rock — Primary Registration District No. 5578 — Registered No. 19
City (No. , St. Ward)

2. FULL NAME Theodor E. Conrad
(a) Residence, No. Kimmswick Mo St. 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. R2 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: Emma Conrad
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/7/1865
7. AGE: Years 71 — Months 1 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Jefferson Co Mo

FATHER
13. NAME: Theodor Conrad
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Agneta Wolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Emma Conrad, Kimmswick Mo R2
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Martin DATE 6/12/36, 19
19. UNDERTAKER (ADDRESS): Kenneth W. Koch, Fenton, Mo.
20. FILED June 11, 1936 Phil J. Kirk, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1935, to June 9, 1936
I last saw h. 1777 alive on June 9, 1936. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1935

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. Andrew Youngman, M. D.
(Address) Sappington Mo