

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.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. John's Hospital**) St. Ward)

33129

File No. **9034**

Registered No.

2. FULL NAME **Edward Conrath**

(a) Residence, No. **4105 Turner** St. **10** Ward.

(Usual place of abode) (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 **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 **Ida Conrath**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 19, 1856.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Sheet Metal Worker**
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) **Illinois**

13. NAME **Unknown**

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) **Mrs Ida Conrath 4105 Turner Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crem.** DATE **Aug. 31, 1936**

19. UNDERTAKER (ADDRESS) **A. Thomas, Linc & Ind. Co. 2703 Grand Blvd.**

20. FILED **1 1936** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 20** 19**36** to **Aug 28** 19**36**
I last saw him alive on **Aug 27** 19**36** Death is said to have occurred on the date stated above, at **4.15 A.M.**

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

Chronic Myocarditis
Date of onset
Other contributory causes of importance:
Chronic Bronchitis
Chronic Syngitis

Name of operation 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 **Yes**
(Signed) **J. Bredeck**, M. D.
(Address) **4143 E. 7th Street**

