WRITE PLAINLY, 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.

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

Do not use this space.

OCT 5 1936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5143 Maple Avenue St. ..... Ward)

File No. 36011

Registered No. 9634

2. FULL NAME Dr. Wilbur Fisk McConkey

(a) Residence, No. 5143 Maple Ave. St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married - [illegible]

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	9	16	

OCCUPATION

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

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) Albany, Mo.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Boggs, Matilda

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

17. INFORMANT (ADDRESS) Mrs. Margaret Rogers 5143 Maple

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~ Cremation

PLACE SALHALLA DATE Sept 22, 1936

19. UNDERTAKER (ADDRESS) Craig Undertaking Co. 4468 Washington

20. FILED SEP 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1936, to Sept 19, 1936

I last saw him alive on Sept. 19th, 1936. Death is said to have occurred on the date stated above, at 5:30 A.m.

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

Acute cardiac dilatation

Pulmonary edema

Terminal broncho pneumonia

Date of onset

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Other contributory causes of importance:

Chronic glomerulonephritis, chronic myocarditis, aortitis, coronary thrombosis, general arteriosclerosis, prostatism, hypertension, retinitis, vesical calculi

Date of onset

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) Lawrence Alvis Mendonsa, M. D.

(Address) 634 No. Grand Blvd

S. NO. 2 100M-3-28-35