

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.

**JAN 26 1937**

47221

**1. PLACE OF DEATH**  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 G  
 City Afton Mo. (No. Afton Mo. R.R. #1 Box # 8) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Geneva Conger  
 (a) Residence, No. Afton Mo. Box # 8 St. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Benjamin Conger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 11, 1854</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>4</u>
		<u>10</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	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)	<u>Ohio</u>	
FATHER	13. NAME <u>Merritt Snedeker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Nancy McMahon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Cleo Clare Zeiser</u> (ADDRESS) <u>Afton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodward Iowa</u> DATE <u>12-22</u> 19 <u>36</u>		
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>Dec 22 1936</u> <u>L. Mowrey</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1936

22. I HEREBY CERTIFY, That I attended deceased from about Dec 21, 1936, to Dec 21, 1936  
 I last saw h.&k. alive on 12-21, 1936 Death is said to have occurred on the date stated above, at 11:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Date of onset 12-20-36  
Apoplexy 12-10-36  
Hypertension Sensitivity-myocarditis?  
 Name of operation none Date of no  
 What test confirmed diagnosis? exam 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Walter H. Hofer, M. D.  
 (Address) 1700 W. Town Square

Dr. Hoefler 1788 Tower Avenue  
10:30 -

2120 So. Grand La 2443

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