

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

Do not use this space.

28735

1. PLACE OF DEATH
County St. Louis 10-1937 Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. Josephine Hospital) File No. _____
Registered No. 7368 St. _____ Ward _____

2. FULL NAME May Christine Conley
(a) Residence, No. 3455 Macklind St. 14 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas G. Conley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 9 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to Aug 1, 1937
I last saw her alive on July 31, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Central Venous Thrombosis
Left
Other contributory causes of importance:
General Atherosclerosis with Hypertension
Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
13. NAME George Eckenfels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Lyons B Conley
3455 Macklind St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 4, 1937
19. UNDERTAKER (ADDRESS) Truth Center Mortuary
4024 Lyndell Blvd.
20. FILED AUG 4 - 1937 J. Bredeck Registrar.

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) Thomas A. Kelly, M. D.
(Address) 3606 Newwood Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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