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

OCT 26 1937

35371
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1123
(b) Township Carondelet — Primary Registration District No. 6248 G — Registered No. 398
(c) City — (d) Street No. 4722 Heidelberg St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Konradi
(a) Residence, No. 4722 Heidelberg St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Henry Konradi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	1	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Lawrenceburg Indiana

FATHER
13. NAME Henry Kruse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edith Rascek
(ADDRESS) 4722 Heidelberg Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk DATE Sept. 29, 1937

19. FUNERAL DIRECTOR Heuck Bros.
(ADDRESS) 2201 So. Grand Blvd.

20. FILED Sept 28 1937 G Mowry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1937 to Sept 26 1937
I last saw her alive on Sept 26 1937 Death is said to have occurred on the date stated above, at 5.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left breast	about June 1936
Other contributory causes of importance: 50 Carcinoma of Lungs	Aug 1937

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 .....
(Signed) Adam G Youngman M. D.
(Address) 4439 Bravoos

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed George C Weick

Licensed Embalmer No. 2268

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)