

JAN 10 1938

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

43338  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. .... **City Sanitarium** St.  
(e) Length of residence in city or town where death occurred **48** yrs. **6** mos. **26** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Arthur Conway**

(a) Residence, No. **4819 Anderson Ave** St. **7**  
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen Conway**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 20 1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**48 6 26**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chauffer**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Taxi**  
10. Date deceased last worked at this occupation (month and year) **1932** 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

FATHER 13. NAME **James Conway**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

MOTHER 15. MAIDEN NAME **Anna Bohn**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

17. INFORMANT (ADDRESS) **Arnold A. Cook**  
**540 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec 18 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Bromberg's Und. Co.**  
**4746 W. 12th St.**

20. FILER **DEC 17 1937** **J. T. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 16/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 1/37**, 19, to **Dec. 16/37**, 19. I last saw **him** alive on **Dec. 15/37**, 19. Death is said to have occurred on the date stated above, at **1.10 A. M.**

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

**Lobar Pneumonia** 12-15-37 Date of onset

Other contributory causes of importance: **Paresis** 7-137-x

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) **Arnold A. Cook**, M. D.  
(Address) **540 Arsenal St.**

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.

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STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson, Licensed Embalmer No. 3575

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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