REC'D MAR 14 1938

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

5106
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1751

(c) City St. Louis (d) Street No. 2601 Life N Whittier 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 Pinkie Conway

(a) Residence, No. 2638 Bernard St. 22
(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)
F	C	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Same Coleman

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

MOTHER

15. MAIDEN NAME Lettie Williams

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON DATE 2/19 1938

19. FUNERAL DIRECTOR R. M. C. GREEN
(ADDRESS) 3517 LACLEDE AVE

20. FILED FEB 18 1938 J. L. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1938, 19..., to Feb. 13, 1938

I last saw h...er alive on Feb. 13, 1938 Death is said to have occurred on the date stated above, at 6:30a m.

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

	Date of onset
Tuberculous peritonitis	1/2/38

Other contributory causes of importance:
Pregnancy
Puerperium
Marie Strumpell Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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) T. M. McFall, M. D.

(Address) 2601 Whittier

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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.

STATEMENT BY LICENSED EMBALMER

I, R. M.C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at Homer G. Phillips Hospital, Feb. 15, 1938.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed R M Green

Licensed Embalmer No. 1173

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