

REC'D FEB 10 1939

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

144
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis, Mo. (d) Street No. Barnes Hospital 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.

791
1003

Registered No. 1442. PRINT FULL NAME Rubert Conley

(a) Residence, No. 419 Wash St. St. 25
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 6th 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Opera
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) (STATE OR COUNTRY) Missouri13. NAME Burt Conley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Dora Sutton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mr. C.K. Moore
2110 Lafayette Ave18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Jan. 5th 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und.
1417 N. Market Street.20. FILED JAN 4 1939 J. P. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2/39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 10:10 A.M.

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

Crushed Skull, suffered
or when he fell from
top of Barnes Hospital
Jan 2nd 1939 about 6:30 A.M.
He fell from top of Barnes
Hospital, while suffering a
mental affection which could not
be determined.

Name of operation Open Verdict 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? Open Date of injury 1/2, 1939Where did injury occur? St. Louis, Mo.Specify whether injury occurred in industry, in home, or in public place 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, W. H. Perry M. D.Address, Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Calvin J. Peck*
Licensed Embalmer No. *9927*
P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.