

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003

823

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 4543 Washington Registered No. 823
 (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

Josephine Conrad
 (a) Residence, No. 4543 Washington St. 12
 (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 Female 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) June 2 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
62 7 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress
 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) Burksville
 (STATE OR COUNTRY) ILL.

FATHER 13. NAME Anton Conrad
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

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

17. INFORMANT Lizzie Vachter
 (ADDRESS) 718 Wilmington

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo Ill. DATE Jan. 28, 1939

19. FUNERAL DIRECTOR Wm. Schumacher
 (ADDRESS) 3013 Meramec St.

20. FILED JAN 26 1939
J. P. Biedack
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 5, 1938, to Jan 26, 1939

I last saw her... alive on Jan 26, 1939. 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:

Chronic Myocarditis with decompensation Date of onset July 1, 38

Other contributory causes of importance:

Gall stones

Name of operation none Date of

What test confirmed diagnosis? Symptoms 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

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? Yes

If so, specify

(Signed) Edmond Y. Bernhart, M. D.

(Address) 1504 So Grand Blvd
St Louis

STATEMENT BY LICENSED EMBALMER

I, Clarence Pachow, Licensed Embalmer No. _____

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 Clarence Pachow

Licensed Embalmer No. 3093

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.)