

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

26760
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1273
 (c) City Clayton (d) Street No. St. Louis County 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.

2. PRINT FULL NAME 540 Mack Conley
 (a) Residence, No. Woodlawn & Florence, Robertson, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Conley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 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) Tenn.
 FATHER 13. NAME Jack Conley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 MOTHER 15. MAIDEN NAME Rachael Pipkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) wife, Frances Conley Woodlawn & Florence, Robertson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington PA. DATE 7/15/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boyd Bros. Funeral Home, 1115 N. 1st St., St. Louis, Mo.
 20. FILED JUL 14 1939 J. R. Miller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from 7-10-39, 19, to 7-13-39, 19.
 I last saw him alive on 7-13-39, 19. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Anemorrhage
Hypertensive Heart Disease
Pneumo Pneumonia
 Date of onset 7/3/39
 ?
7/12/39
 Other contributory causes of importance: 95b2
 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) James David, M. D.
 (Address) St. Louis County Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.