

SEP 14 1939

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

27595
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 Infirmery** 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 **9** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **500 William Conway**

(a) Residence, No. **5800 Arsenal** St. **13** (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 **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. 25, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
78 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
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) **Unknown** (STATE OR COUNTRY) **Ky.**

13. NAME **Unknown**

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

15. MAIDEN NAME " "

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

17. INFORMANT **J.G. Sullivan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Salvay** DATE **Aug 16 - 1939**

19. FUNERAL DIRECTOR (NAME) **Greene & Kelly** (ADDRESS) **1416 NO TAYLOR. AVE**

20. FILED **10 1939** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 8, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 15, 1932** to **August 8, 1939**
I last saw him alive on **August 8, 1939**. Death is said to have occurred on the date stated above, at **5:45 P.M.**
The principal cause of death and related causes of importance were as follows:

Peritonitis
with stones
Other contributory causes of importance: **Pereforation of Urinary Bladder, Hypostatic and Renal abscesses, Chronic cholecystitis, stone**
Cause of operation **unknown** Non-malignant
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

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 **1**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **J. B. Sullivan**, M. D.
(Address) **5800 Arsenal**

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.

1 X18605

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.....

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

Signed *R. C. Campbell*
.....
Licensed Embalmer No. *3881 (City #17)*
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.