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X23159

STANDARD CERTIFICATE OF DEATH

30124

State File No.

791

1003

Registrar's No. 7401

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Conant 498-10-25-47

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Mar 6, 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 24 Days 25 hr. _____ min. If less than one day

9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name William Conant 9

13. Birthplace Maine (City, town, or county) (State or foreign country)

14. Maiden name Jeanne Brown

15. Birthplace Portland (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Leonard

(b) Address 709 E. Webster

17. (a) Interment (b) Date thereof 9/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interment

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) SEP 3 1940 (b) J. B. Bledsoe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4489 Washington Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 31, year 1940 hour 7:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from August 5, 1940 to September 31, 1940 that I last saw him alive on September 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Brain & metastases to Brain Duration 56 yrs.

Due to _____

Due to H.T.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Samuel Wallace (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 9/3/40

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 Virgil S. Berryman

Licensed Embalmer No. 4818

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, fact should be so stated above.