

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33170

State File No. _____

Registration District No. 784

Primary Registration District No. 114

Registrar's No. 1946

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Shrewsbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7340 Lansdowne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mathilda Conboy

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 6th, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Belleville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Factory Worker (Retired 9 yrs.)

11. Industry or business Pharmacy Products Co.

12. Name Michael Conboy

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

14. Maiden name Unknown

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

16. (a) Informant John Conboy

(b) Address 7340 Lansdowne

17. (a) burial (b) Date thereof Oct 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walworth Cem.

18. (a) Signature of funeral director _____

(b) Address 7146 Manchester Ave.

19. (a) OCT 15 1940
(Date received local registrar)

(b) R. E. Meyer
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 7340 Lansdowne
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 11, 1940
1940 to Oct 13 1940
that I last saw him alive on Oct 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
(Hemiplegia)

Due to _____
Due to _____

Other conditions New Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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?
707
(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature R. E. Meyer (M. D. or other) _____
Address 7407 Easton Ave Date signed 10/15/40

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

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

working under my personal supervision.

Registered Apprentice No. 193 -

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, fact should be so stated above.