

13-40
17-39
X23159

MAILED JAN 15 1947 791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 30 ds.
(Specify whether _____)
In this community 6 Mo.
years, months or days

3. (a) PRINT FULL NAME Giles Y. Conley

3. (b) If veteran, name war no 3. (c) Social Security No. 496 L2 6110

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

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

7. Birth date of deceased June 1 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher of Ind. Arts
Roosevelt High School

11. Industry or business _____

12. Name Harry M. Conley

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

14. Maiden name Olive B. Cousins

15. Birthplace Waverly Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Conley
(b) Address 235 E. Jefferson - Kirkwood

17. (a) Burial (b) Date of funeral 12-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetary

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.
19. (a) DEC 12 1940 (b) J. F. Bredbeck
(Date signed and certified) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood N. 19
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Gill
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1940
to Dec 9, 1940
that I last saw him alive on 12/9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation Duration 1 day

Due to Sarcoma of the lungs 6 wks

Due to Sarcoma of left peripheric tissues 8 wks

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Sarcoma

Of autopsy same until microscopic report

22. If death was due to external cause, 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? _____

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

23. Signature C. A. Theis (M. D. certifier) _____
Address Kirkwood, Mo. Date signed 12/11/40

Duration

PHYSICIAN

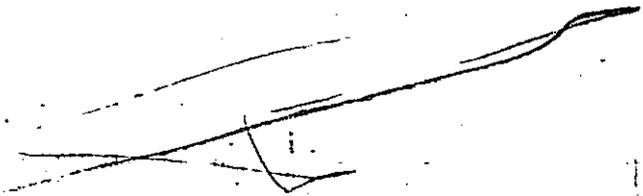
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

309 H
St
3-1875

209 S. K.



12/21

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar Rd
Delaware

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply, the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.