. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 763

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 763

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2123 a Menard st. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 2123 a Menard st. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward F. Conroy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Conroy

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 21 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 22 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Unemployed

FATHER
12. Name William Conroy
13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Murphy
15. Birthplace Red Bud / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Conroy
(b) Address 2123a Menard st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25-41
(Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE CEMETERY

18. (a) Signature of funeral director C. Hoffmeister W. L. Co.
(b) Address 7814 S. Broadway

19. (a) JAN 24 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1941 hour 12.30 minute 30 p. M.

21. I hereby certify that I attended the deceased from Aug 14, 1939, to Jany 22, 1941
that I last saw him alive on Jany 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hardening of Liver — Duration 1½ yrs.

Due to

Due to Ulcer Stomach — 1½ yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

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 0

23. Signature W. Reber (M. D. or other)
Address 2840 a California Date signed 1/23/41

(Licensed Embalmer's Statement on Reverse Side)

2840 a - California
Loc 9007
1-3 P.M.

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 Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.