

1941 FEB 25 1941
Registration District No. **99.1**

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**

(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **9 weeks**
(Specify whether)

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Clara Gempp Conrades**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No..... **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife..... **Theodore H. Conrades**

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

7. Birth date of deceased..... **September 1, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	25	hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER {

12. Name **Henry Gempp**

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

14. Maiden name **Mary L. Haessler**

15. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ninette C. Lill**

(b) Address **3523a Halliday, St. Louis, Mo.**

17. (a) **Cremation** (b) Date thereof **Jan. 28, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director.....

(b) Address **7814 S. Broadway, St. Louis, Mo.**

19. (a) **JAN 27 1941** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **DOO**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1617**

(d) Street No. **3523 Halliday**
(If rural, give location) **9**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**
year **1941** hour **5⁰⁰** minute..... **A.M.**

21. I hereby certify that I attended the deceased from **11-24-40**
to **1-26-41**, 19.....
that I last saw her alive on **1-26-41**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Generalized carcinoma breast, left

Due to..... **50**

Other conditions **Unop 871 (Dowd) Chronic**
(Include pregnancy within 9 months of death)

Major findings: **Cancer of left breast**

Of operations.....

Of autopsy..... **as above**

Duration

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **J. F. Brudick** (M. D. or other)

Address **BARNES HOSPITAL** Date signed.....

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

Edward F. Leung

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, fact should be so stated above.