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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26269

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1527

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Willston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Madison
(c) City or town 1004 Alton St (If outside city or town limits, write "RURAL")
(d) Street No. 1004 State St (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Charles F Conley
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irma 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May (Month) 22 (Day) 1879 (Year)

8. AGE: Years 62 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Pittsburg (City, town, or county) Pa (State or foreign country)
10. Usual occupation Ref Cigar Store
11. Industry or business
FATHER 12. Name Frank Conley
13. Birthplace Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Dolan
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mrs Irma Conley
(b) Address 1004 State St Alton Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Alton Ill
18. (a) Signature of funeral director James A Kunt
(b) Address Alton Ill
19. (a) JUL 22 1941 (Date received local registrar) (b) J R Meyer M.D. Dr P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21 year 1941 hour 6 minute P M.
21. I hereby certify that I attended the deceased from 5/27/ 1941, to 7/21, 1941 that I last saw him alive on 7/21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	1 week
Cerebral arteriosclerosis	3 months
Due to Arterio-sclerosis	
Due to	
Other conditions alcoholism (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Terminal pneumonia + cerebral edema

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 W B Lytton (M. D. or other)
Address ST. Vincent's Sanitarium Date signed 7/21/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1941

SEP 26 1941

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 J. Wm. Dinkler

Licensed Embalmer No. 3653

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, above space should be left blank.