. No. 2
—1-4-41
5-17-39
X28

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27031

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6823

00
17
9

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

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: 4161 Beck Avenue 1
(If not in hospital or institution, write street number or location)

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

In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 4100 Beck Avenue 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis Conley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 1

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 9

6. (b) Name of husband or wife Mathilda

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 16, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	4	hr. min.

9. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Conley
(b) Address 4168 Meramec St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4015 Chippewa St.

19. (a) AUG 22 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1941 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on Apr 10, 1941 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — 1 years

Due to

Due to

Other conditions Chr. Arteriosclerosis — yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. J. Higgins (M. D. or other) MD

Address 2000 So. Broadway Date signed 8/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.