

13-40
7-39
K23159

Registration District No. 791

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
En Route Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 24 Yrs.
years, months or days)

3. (a) PRINT FULLNAME Charles Conley

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

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

6. (b) Name of husband or wife Malwena 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased July 19, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 1 3 hr. min.

9. Birthplace Utah / Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Unemployed

12. Name James Conley

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Julia Thomas

15. Birthplace Clinton / Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Conley

(b) Address 3530 Laclede Avenue

17. (a) Burial (b) Date thereof 8/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) AUG 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 187
(If outside city or town limits, write "RURAL")
(d) Street No. 3530 Laclede Avenue
(If rural, give location)
(e) Attending Physician
(f) Foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1941 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
External Hemorrhage from stab wound of right temporal
Due to knife in the hands of one
Due to Memphis Co. Co. Brown, Cal
at 3410 Lupton Ave
8/22/41
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 167
Of autopsy 111
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) Homicide
(b) Date of occurrence 8/22/41
(c) Where did injury occur? At home - MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 8/25/41

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

3277-1001

SEP. 23 1941

SEP 29 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

M. E. Green

Licensed Embalmer No. 1173

P. O. Address

7517 Soledad

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.