

FILLED NOV 7 1941
Registration District No. **70184**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Exhorte to St. G. Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs.
In this community 25 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 N. Leonard Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th
year 1941 hour 1:40 minute A. M.

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

Immediate cause of death Carbon Monoxide Poison;
Extensive Burns of Body; when deceased
was found in basement of burning
building at 1124 N. Leonard, the
fire evidently being caused by an
overturned coal oil lamp, on Oct.
26th, 1941, at about 1:40 A.M.

Other conditions DAMAGE TO BUILDING \$200.00
CONTENTS \$50.00
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) ACCIDENT
(b) Date of occurrence October 26, 1941
(c) Where did injury occur? 000 St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

(Specify type of place)
While at work _____ Means of injury 3
23. Signature Alfred Jones (M. D. or other)
Address 1711 N. Taylor Ave Date signed 10/31/41

3. (a) PRINT FULL NAME

Joe Conway

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Charlotte Conway 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased about 1886
(Month) (Day) (Year)

8. AGE: Years abt 55 Months - Days - If less than one day hr. - min. -

9. Birthplace Fordyce Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Un Known
13. Birthplace Un Known
(City, town, or county) (State or foreign country)
14. Maiden name Un Known
15. Birthplace Un Known
(City, town, or county) (State or foreign country)

16. (a) Informant Marcella Williams

(b) Address 1124 N. Leonard

17. (a) Rural (b) Date thereof Nov. 1 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director M. S. Dowell

(b) Address 1711 N. Taylor Ave

19. (a) OCT 31 1941 (b) Alfred Jones
(Date received from Registrar) (Registrar's signature)

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

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.

not embalmed

Signed.....

Licensed Embalmer No.....

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.