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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8410

Registrar's No. 2192

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: St. Lukes Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6

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

(d) Street No. 5110 Wabada Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Peter Conruex

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 Nancy M. Conreux

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. (Month) 11 (Day) 1881 (Year)

8. AGE: Years 60 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Grocer

11. Industry or business For Self

MOTHER FATHER

12. Name John Conreux

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

14. Maiden name Elizabeth Wetige

15. Birthplace (City, town, or county) Ia. (State or foreign country)

16. (a) Informant Nancy M. Conreux

(b) Address 5110 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAR 10 1942 (Date received local registrar) (b) J. T. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1942 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from December 16, 1941 to March 9, 1942 that I last saw him alive on March 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	8 weeks
Due to Chronic Glomerulo Nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardiac Decompensation	3 mo.

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)

(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 David M. Shilling Jr. (M. D.)

Address 4500 Olive Street Date signed 3-9-42

744 (Licensed Embalmer's Statement on Reverse Side)

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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.....Albert R. Thompson Jr.

Licensed Embalmer No.....4239

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.