

FILED MAY 11 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1010

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Mar. 21, 1942
(Specify whether years, months or days)

In this community unknown.

8. (a) PRINT FULL NAME David H. CONRAD

3. (b) If veteran, name war World war 1918 3. (c) Social Security No. Yes - not remembered

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

6. (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 19, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>10</u>	<u>17</u>	hr. _____ min.

9. Birthplace Philadelphia, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business _____

12. Name Ward Beecher Conrad

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

14. Maiden name Ida Orline

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

16. (a) Informant Chas. Selva

(b) Address Actg. Cl. Clerk, VAF, Jeff Bks., Mo.

17. (a) Removal (b) Date thereof 5-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director [Signature]

(b) Address 7814 S. Olive St. St. Louis

19. (a) MAY 7 - 1942 (b) [Signature]
(Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006

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

(d) Street No. 4944 Murdoch Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1942 hour 7:55 minute _____ p. A.

21. I hereby certify that I attended the deceased from March 21, 1942 to May 6, 1942, that I last saw him alive on May 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma, left lung, with metastases to the liver and kidneys.

Due to _____
Due to _____
Other conditions 474
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Autopsy performed. See cause of death.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

While at work? _____
(Specify type of place) (Specify type of place)

23. Signature L. M. COCHRAN, M.D. (M. D. or other) _____
Address Chief Medical Officer Date signed 5/7/42

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 28 1942

OCT 23 1942

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

working under my personal supervision.

Registered Apprentice No.

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, above space should be left blank.