

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

28136
Do not use this space.

FILED SEP 8 1942

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111
 (c) City Richmond Heights (d) Street No. 17481 Wise Ave. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph P. Conway

(a) Residence, No. 7481 Wise Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.O. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Conway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 0 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stat. Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. /

FATHER 13. NAME John Conway
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 4

MOTHER 15. MAIDEN NAME Johanna Norris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 4

17. INFORMANT Mrs. Kate Conway
 (ADDRESS) 7481 Wise Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8-25-1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richard J. Donnell
3840 Lindell Blvd.

20. FILED AUG 24 1942 C. S. McFarland
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23rd, 1942

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1939, to August 22nd, 1942
 I last saw him alive on August 25th, 1942 Death is said to have occurred on the date stated above, at 12:15 pm.
 The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis 3 yrs.
Chr. Vascular Disease 3 yrs.
Arterio Sclerosis.

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Harold C. ... M. D.
 (Address) 2816 South Olive, Maplewood, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

W. Van Matre

Licensed Embalmer No.

2825

P. O. Address

7840 Lafayette

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.