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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31837

OCT 21 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8429

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

1. PLACE OF DEATH:

(a) County 5874 Romaine Pl.

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town St Louis 96 (If outside city or town limits, write "RURAL")

(d) Street No. 5874 Romaine Pl. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPHINE CONROY.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 2nd (Day) 1878 (Year)

8. AGE: Years 64 Months 11 Days ~~23~~ If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business

FATHER
12. Name William Marten
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Patrick Conroy

(b) Address 5874 Romaine Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-12-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. J. Quinn

(b) Address 1384 Union Blvd.

19. (a) OCT 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1942 hour 4: minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 1930, 19, to October 9, 1942, that I last saw her alive on October 9th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cardio Vascular Renal Disease

Due to Chr. Chole Cystitis. Chr. Chole Lithiasis - with many seizures of gall colic - 10 yrs.

Due to Myo Carditis. Chr. Arterio Sclerosis.

Due to Chr. Int. Nephritis. Chr. Hypertension. Secondary: Gall Bladder Colic.

Other conditions Myo Cardia Collapse - 2 days. (Include pregnancy within 3 months of death)

Major findings: Of operations none

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 Dr. Luke B. Tiernon (M. D. or other)

Address DR. LUKE B. TIERNON 3718 JENNINGS ROAD Date signed 10/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.