. S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37897

Registration District No. 506 Primary Registration District No. 60-784-03 Registrar's No. 183

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Peters
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: life

2. USUAL RESIDENCE OF DECEASED: 92 0 0
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Peters
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Frank Conoyer

3. (b) If veteran, name war: #

3. (c) Social Security No.: #

4. Sex: male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Ellen Conoyer

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: August (Month) 22 (Day) 1860 (Year)

8. AGE: Years 82 Months 2 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farmer

11. Industry or business: .....

MOTHER FATHER
12. Name: Peter Conoyer
13. Birthplace: St. Charles, Mo. (City, town, or county) 0 (State or foreign country)

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

16. (a) Informant: Frank Conoyer Jr.
(b) Address: St. Peters, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 9, 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: St. Peters, Mo.

18. (a) Signature of funeral director: Geo Stifivater
(b) Address: Geo. Stifivater, St. Peters, Mo.

19. (a) NOV 8 '42 (Date received local registrar) (b) E. A. Kerthey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7, year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept. 2, 1942 to Nov. 7, 1942 and that I last saw him alive on Nov. 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	4 days
Due to: Appendicitis	4 weeks
Due to: Obstructed	
Other conditions (Include pregnancy within 3 months of death): Prostate Hypertrophy	3

Major findings:
Of operations: 12/1/1
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: J. Ben Jenkins (M. D. or other)
Address: Jefferson Bldg. Date signed 11-7-42

182 (Licensed Embalmer's Statement on Reverse Side)

JAN 19 19

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 E. A. Keithley

Licensed Embalmer No. (822)

P. O. Address O'Fallon Mo

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.