V. S. No. 2
50M—5-42
Gov. 5-1-42
Form 1 X32873

FILED
MAR 15 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4057

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2010

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:
1363 Montclair Ave
(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 DEACESED: 009 12 9 6

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1363 Montclair Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosemary Conlon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased May 9th. 1917 (Month) (Day) (Year)

8. AGE: Years 25 Months 9 Days ~~20~~ 18 If less than one day hr. min.

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

10. Usual occupation Stenographer

11. Industry or business

FATHER
12. Name John T Conlon
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Stella Cohan
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Stella Conlon
(b) Address 1363 Montcalir Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature or name of undertaker Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd

19. (a) 1/1/43 (Date received local registrar) (b) J. F. Bedsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27th. year 1943 hour 2:30 A.M. minute M.

21. I hereby certify that I attended the deceased from Feb 20, 1943 to Feb. 27, 1943 that I last saw her alive on July 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 Mo (?)
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

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? —
While at work? — (Specify type of place) (e) Means of injury

23. Signature Dr. Mr J Langan Jr. (M. D. or other)
Address 5803 Cly Avenue Date signed Feb 27/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Loughran
5 & 03 Plymouth St

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.