S. No. 2
M—9-4-41
V. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8187

D MAR 20 1943

Registration District 818 — Primary Registration District No. 1003 — Registrar's No. 2355

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

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: Missouri Baptist Hospital (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

2. USUAL RESIDENCE OF DECEASED: 46

(a) State: Mo (b) County: St. Louis

(c) City or town: Overland (If outside city or town limits, write "RURAL") 13 N.R.

(d) Street No.: 2360 Adie (If rural, give location)

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

If yes, name country: /

3. (a) PRINT FULL NAME: Timothy Conley

3. (b) If veteran, name war: No

(c) Social Security No. 492-09-1703

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Dorothy

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Aug. (Month) 22 (Day) 1903 (Year)

8. AGE: Years 39 Months 6 Days 15 If less than one day hr. min.

9. Birthplace: Murphysboro (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Presser

11. Industry or business: Dry Cleaning

FATHER

12. Name: John Conley

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

MOTHER

14. Maiden name: Foley

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

16. (a) Informant: Dorothy Conley

(b) Address: 2360 Adie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Ritman Funeral Home

(b) Address: 9222 Litzland Overland Mo.

19. (a) MAR 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 7th year: 1943 hour: 6 minute: 00 A.M.

21. I hereby certify that I attended the deceased from Dec. 3, 1942 to Mar. 7, 1943 that I last saw him alive on March 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	
Due to: perforated gastric ulcer (2)	
Due to: Peritonitis	
Other conditions (Include pregnancy within 3 months of death): Diabetes	

Major findings: Of operations: Two perforated gastric ulcers - general peritonitis

Of autopsy: None

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. B. Rychnum (M. D. or other)

Address: St. Louis, Mo. Date signed: 3/9/43

444

(Licensed Embalmer's Statement on Reverse Side)

2355

2355

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. A. C. Ortman

Licensed Embalmer No. 3478

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.