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V. S. No. 2
FILED
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19487
5768

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3014 Minesota Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

000 17 9 16

3. (a) PRINT FULL NAME John Condon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 22 (Day) 1882 (Year)

8. AGE: Years 60 Months 8 Days 0 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)
10. Usual occupation Cabinet Wood Worker
11. Industry or business

FATHER
12. Name Patrik Condon
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Josephine Milka
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mary Eyerman
(b) Address 3014 Minnesota Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Thoskuti's Son
(b) Address 2906 Gravois Ave.
19. (a) JUN 24 1943 (Date received local registrar) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22nd day
year 1943 hour 11.00 minute P.M.M.
21. I hereby certify that I attended the deceased from June 19th, 1943, to June 22nd, 1943; that I last saw him alive on June 22nd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia — Duration
Due to Bacillus Welchi
Due to Infection of ischio & rectal fistula
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation Intestinal obstruction
Of autopsy Refused

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 Robert R. Hartman (M. D. or other) M.D.
Address 1515 Lafayette Date signed 6/23/43

(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 David Van Fossen

Licensed Embalmer No. 4342.

P. O. Address 2106 Fresno.

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.