

FILED JUN 19 1943

Registration District No. **818**

Primary Registration District No. **1003**

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:  
**4143 Cleveland Ave /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

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. **4131 Cleveland Ave**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nellie Condon**

3. (b) If veteran, name war. ~~XXXXXX~~ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 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 **December 23 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>5</b>	<b>18</b>	hr. _____ min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salsslady**

11. Industry or business **Unemployed**

12: Name **John W. Condon**

13. Birthplace **Boston Mass.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cecelia Hanlon**

15. Birthplace **LaSalle Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James M. Condon**

(b) Address **4143 Cleveland Ave**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **June 14 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **JUN 12 1943** (b) **J. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10th** day **June**  
year **1943** hour **11:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept 17**  
19**40** to **June 10** 19**43**  
that I last saw h. **w** alive on **5/30/43** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
**Chl Myocarditis ?**  
**Chl Nephritis ?**  
**Arterio Sclerosis ?**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **J. Bredek** Date signed **6/11/43**  
Address **3115 S. Grand**

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

MOTHER FATHER

944

