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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32992

FILED NOV 10 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9513

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: 2614 Arkansas (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 Unknown

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. 2614 Arkansas (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry J. Conklin

3. (b) If veteran, name war No

3. (c) Social Security No. 490-12-8865

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Conklin

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 27 (Day) 1868 (Year)

8. AGE: Years 75 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Jerseyville, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Abeln Tobacco Co.

FATHER 12. Name John Conklin

FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Jennie Kirley

MOTHER 15. Birthplace Jerseyville, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Louise Conklin

(b) Address 2614 Arkansas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 30 43 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Hacker-Heldele Mod. Co.

(b) Address 3634 Gravois Avenue

19. (a) OCT 29 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1943 hour 9 minute 20 P M

21. I hereby certify that I attended the deceased from 10/17, 1943 to 10/27, 1943 that I last saw him alive on 10/27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arterio sclerosis	
Due to Senile degeneration	
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature Geo. O. Metz (M. D. or other)

Address 7022 So. Grand Date signed 10/28/43

(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 Frank J. Myland

Licensed Embalmer No. 2645

P. O. Address St. Louis 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.