

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 11035

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital,
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 2 Mos., 10 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(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 _____

3. (a) PRINT FULL NAME Bernard Conlon
3. (b) If veteran, name war None 3. (c) Social Security No. _____
4. Sex M 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 May 5th, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 12, year 1943 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from October 2, 1943 to December 12, 1943 that I last saw him alive on December 12, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 7 7 hr. _____ min.

Immediate cause of death Fibrosarcoma of Penis Duration 2 yrs?

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

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

10. Usual occupation Nightwatchman
11. Industry or business Unemployed

Major findings: Of operations as above Of autopsy None

MOTHER FATHER { 12. Name John Conlon
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gunn
15. Birthplace Mo Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Conlon
(b) Address 1363 Montclair Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cent

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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?

18. (a) Signature of Registrar Harrigan & Sheehan Und Co
(b) Address 4415 Washington Blvd.
19. (a) DEC 18 1943 (Date received at registrar's office) J. J. Harrigan (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert E. Holt (M. D. or other) 12/13/43
Address 1515 Lafayette Avenue Date signed _____

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

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.....

John J. Gonocek

Licensed Embalmer No. *3398*

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.