

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1948 18

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 195
Registrar's No. 1000

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution DePaul Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5801 Julian Avenue
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel May Conrad

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / race White 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ben H. Conrad 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 11, 1899 (Month) (Day) (Year)

8. AGE: Years 44 9 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Danville Illinois / (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Smith

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

14. Maiden name Unknown

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

16. (a) Informant Ervin B. Conrad (b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof Feb 2, 1944 (c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Shepard Funeral Home (b) Address 1167 Hamilton Avenue.

19. (a) JAN 31 1948 (b) J. F. [Signature] (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29, 1944 year 3 hour 45 minute P

21. I hereby certify that I attended the deceased from 1-24-44 to 1-29-44 that I last saw her alive on 1-29-44 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombolytic embolism of the brain

Due to 832
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Non tubercular Of autopsy Multiple hemorrhages esp in lungs & brain.

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?

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

23. Signature Char [Signature] (M. D. or other) Address 3500 N. [Address] Date signed 1-31-44

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 Garschi

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.