

FILED AUG 21 1944
318
Registration District No. _____

Primary Registration District No. **1003**

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 245 No. Union Bly'd.
(If rural, give location) 17
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN HENRY CONRADES.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. Conrades. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 24, 1866.
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
78. 6 18. hr. min.

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

10. Usual occupation Insurance Broker.
11. Industry or business Lawton, Byrne & Bruner Co

MOTHER FATHER { 12. Name John Henry Conrades.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hesser.
15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Conrades.
(b) Address 245 No. Union Bly'd.
17. (a) Cremation. (b) Date thereof 8/12/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grve Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7233 Delmar Bly'd.

19. (a) AUG 11 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th,
year 1944 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 10
1944, to Aug 11 1944;
that I last saw no alive on Aug 11 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Strangulated Hernia
(Congruent)

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

Major findings:
Of operations The above
Of autopsy _____

Duration

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) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 2453 Delmar Date signed 8/11/44

Dr. Ralph Berg.

2253 Nebraska

11 to 2 P.M.

LA-8288

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.....

Bradford A. Miles

Licensed Embalmer No.....

2901

P. O. Address.....

University City

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.