

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35756**

9730

FILED NOV 30 1944

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3322 So. Jefferson Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No (Specify whether
 In this community 60 Years
 years, months or days)

3. (a) PRINT FULL NAME MARY ANN CONRAD3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 16th, 1860.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>28</u>	hr. _____ min.

9. Birthplace Indiana. (City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business At home

12. Name Geo. T. Wood
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Mary Brawley
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Dunn
(b) Address 3322 So. Jefferson Ave.

17. (a) Burial (b) Date thereof Oak Hill
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director A. W McLaughlin
(b) Address 2301 Lafayette Ave.19. (a) NOV 16 1944 (Date received local registrar) J. F. Buech (Registrar's signature)

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. 3322 South Jefferson Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14
year 44 hour 12 minute 14 M.21. I hereby certify that I attended the deceased from November 10th, 1944 to November 14th, 1944
that I last saw her alive on November 14th, 1944
and that death occurred on the date and hour stated above.Immediate cause of death: Chronic Myocarditis Duration 17 years
Carcinoma of Pancreas 3 mo.Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)Major findings: Sarcoma of Pancreas PHYSICIAN _____
Of operations _____
Of autopsy none
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) 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?While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Julius P. Koller (M. D. or other) M.D.
Address 2653 Cherokee St Date signed 11/15/44

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

L.R. Cooper

Licensed Embalmer No.

3683

P. O. Address

2317 Lafayette

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.