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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 161

Primary Registration District No. 1003

Registrar's No. 580

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community years, months or days) Jane Good Conzelman.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,

(c) City or town Clayton, NR
(If outside city or town limits, write "RURAL")

(d) Street No. 601 E. Polo Drive.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME June Good Conzelman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Theophilus Conzelman.

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

7. Birth date of deceased December (Month) 18 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	---	29	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name James M. Good.
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alice Wilson.
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James G. Conzelman.

(b) Address 601 E. Polo Drive.

17. (a) Cremated. (Burial, cremation, or removal) (b) Date thereof 1-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) JAN 19 1945 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 18 year 1945 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 1-4-, 1945, to 1-18, 1945, that I last saw her alive on 1-18, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral circulatory collapse

Due to Aplastic anemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Chronic Hepatomegaly & splenomegaly.

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? (Specify type of place)

While at work (e) Means of injury

23. Signature David S. Citron (M. D. or other)

Address BARNES HOSPITAL Date signed 1/19/45

(Licensed Embalmer's Statement on Reverse Side)

Barnes Hospital

DEC 29 1954

OCT 27 1945

15 1945

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.