

FILED MAR 28 1945
Registration District No. 378

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,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4408 Sanfrancisco Ave
(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.....

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4408 Sanfrancisco Ave
(If rural, give location)

(e) Citizen of foreign country? U (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Catherine A. Conlon

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female 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: June 1st 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>13</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Mark Conlon

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

14. Maiden name Catherine Berry

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

16. (a) Informant Edward J. Conlon

(b) Address 4408 Sanfrancisco Ave

17. (a) Burial (b) Date thereof 3/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAR 15 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1945 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 10 to Mar 14, 1945
that I last saw her alive on Mar 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Coronary occlusion

Due to.....

Due to.....

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?.....

23. Signature [Signature] (M. D. or other) M.D.
Address 705 Olive St. Date signed 3/15/45

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address. 5934 Alpha

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.