S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1945

Registration District No. ____ Primary Registration District No. 1003

State File No. 18927

Registrar's No. 5786

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis Mo St
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5301a Neosha St
(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 Mo (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5301a Neosha St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Peter F Konrad

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov (Month) 29 (Day) 1860 (Year)

8. AGE: Years 84 Months 7 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Germany (City, town, or county) 11 (State or foreign country)

10. Usual occupation Konard Umbrella Co

11. Industry or business Owner Retired 15 yrs

FATHER
12. Name Jos Konrad
13. Birthplace Germany (City, town, or county) 11 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 11 (State or foreign country)

16. (a) Informant Anna Konrad
(b) Address 5301a Neosha St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 5 (Day) 45 (Year)
(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) JUL 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1945 hour 9.30 PM minute ____ M.

21. I hereby certify that I attended the deceased from 5-4-35, 19__, to 7-1-45, 19__;
that I last saw him alive on 7-1-45, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infirmities of aged	4-5 year
Due to	
Due to	
Other conditions (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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other)
Address 4523 S. Kingshighway Date signed 7/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Pfeiffer

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.