S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

FILED SEP 8 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28413

Registration District No. 917 Primary Registration District No. 3063 Registrar's No. 2135

1. PLACE OF DEATH:

(a) County St. Louis ~~Richmonds Hts Mo~~

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

(c) Name of hospital or institution St. Marys Hosp
~~St. Louis County Hosp~~
(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 St. Louis

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

(d) Street No. 5105 Deville
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Roscoe Conklin

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Mlae

5. Color or race White

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

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased Dec (Month) 14 (Day) 1903 (Year)

8. AGE: Years 41 Months 8 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace East Tawas (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Machinest

11. Industry or business Metal Disintgrating Co

FATHER
12. Name Raymond Conklin
13. Birthplace Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucille Hill
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Marie Conklin
(b) Address 5105 Deville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 1 (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) 9-4-45 (Date received local registrar) (b) E. G. McGovran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1945 hour 9.55 PM minute ..... M.

21. I hereby certify that I attended the deceased from 8-29-45 only, 19..., to ....., 19...; that I last saw him alive on 8-29-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 2 & 3 degree burns entire body — Duration 7 hrs

Due to accident 181

Due to 11

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) accident 96
(b) Date of occurrence 8-29-45
(c) Where did injury occur? Shrewsbury (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Metal Disintegrating Co (Specify type of place)
While at work? yes (e) Means of injury Explosion

23. Signature W. L. Macon (M. D. or other) M.D.
Address 1200 S. Big Bend, St. Louis, Mo. Date signed 8-31-45

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1948

SEP 10 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. Elvin 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.