

FILED SEP 20 1945
 Registrar District No. _____

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5628 Enright
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY JANE OWENS CONRAD

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-05-2114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
 year 1945 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Edwin Conrad

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

7. Birth date of deceased October 30, 1901
(Month) (Day) (Year)

Immediate cause of death _____

Chronic Atherosclerosis

Coronary

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Apartment House Manager

11. Industry or business Enright Investment Co.

12. Name J. Warren Bankhead

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

14. Maiden name Selma Pargalm

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

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Edwin Conrad
 (b) Address 5628 Enright

17. (a) Burial (b) Date thereof 9/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia, Mo.

18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester

19. (a) SEP 20 1945 (b) _____
(Date received local Registrar) (Registrar's signature)

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? _____

White at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Patricia E. Taylor (M. D. or other) _____
 Address _____ Date signed 9/20/45

Mrs. Jane Owens (over)

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..... *Henry Eymck*

Licensed Embalmer No..... *1284*

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.)

4/10/18 If this body is not embalmed, fact should be so stated above.