V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34557

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2529

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital 0
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6251 Delmar Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME John Conley

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased November 10, 1875 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business .....

FATHER
12. Name Wm. Conley
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant John Mooney
(b) Address Park Plaza Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl. St. Louis

19. (a) 11-5-45 (Date received local registrar) (b) E G McGarran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1945 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct 29, 1945, to Nov 1st, 1945 that I last saw him alive on Nov 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	4 days
Due to Ruptured Peptic Ulcer	5 days
Due to 11 A.M.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Same
Of autopsy Same

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? ..... Means of injury .....

23. Signature John J. Conyers (M. D. or other)
Address 508 N. Wood Date signed 11/2/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Connell
Mat Bldg

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.