

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38447
Registrar's No. 2747

FILED DEC 8 1945
Registration District No. 317

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6335-Spencer Place /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 4-months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/0

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6335-Spencer Place 5
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Claude Conner

3. (b) If veteran, name war None

3. (c) Social Security No. 492-01-0583

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Evelyn

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 8 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39 7 23 hr. min.

9. Birthplace Hickman Ky, /
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business Hamilton-Schu-Walsh Co.

MOTHER FATHER

12. Name John Conner

13. Birthplace Hickman Ky, /
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Tucker

15. Birthplace Hickman Ky, /
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Conner

(b) Address 6335-Spencer Pl-U. City, Mo.

17. (a) Burial (b) Date thereof 12-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blumhans Bro. & S.

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 12-3-45 (b) Ed McFarlan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1945 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from SEPT. 1, 1945 to DEC. 3, 1945
that I last saw him alive on DEC. 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death METASTATIC CARCINOMA 1X

Due to CARCINOMA OF RIGHT TESTICLE.

Due to 512

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Edith Conner (M. D. or other) M.D.
Address 1124 HODIAMONT AVE Date signed 12-3-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

APR 10 1946

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..... *Harold L. Beaman*

Licensed Embalmer No. *4337*

P. O. Address..... *Overland, 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.)

If this body is not embalmed, fact should be so stated above.