U. S. No. 2
10M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39031

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10938

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years, 7 mos (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matthew Conkling
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Georgiana Conkling
6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased 3 (Month) 3 (Day) 1862 (Year)

8. AGE: Years 83 Months 9 Days 10 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Lawyer
FATHER 12. Name John S. Conkling
13. Birthplace New York City (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Sarah Frink
15. Birthplace Patterson, N. J. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar
19. (a) DEC 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1945 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from August 24, 1944, to December 13, 1945; that I last saw him alive on December 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to: Senility	1 yr.
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)
(e) While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 508 N. Broadway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Lemvik

Licensed Embalmer No. 3793

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.)

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