

FILED **JB 76 1948**
Registration District No. _____

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 28 days
(Specify whether years, months or days)

In this community 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7337 Vine Avenue 3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EMMA CONRAD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1946 hour Two minute 20 P.M.

21. I hereby certify that I attended the deceased from November 19th, 1945 to January 16th, 1946; that I last saw her alive on January 16th, 1946; 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 Widowed

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

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

7. Birth date of deceased June 3, 1870
(Month) (Day) (Year)

Immediate cause of death cardiac failure Duration _____

Due to arteriosclerosis

Due to 131a

Other conditions Nephrosclerosis
(Includes pregnancy within 3 months of death)

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

75	7	14	hr. _____ min.
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9. Birthplace High Ridge Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Kreiemheder 20

13. Birthplace Germany 7
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Stratmann

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alex Conrad-Daughter

(b) Address 7337 Vine, Maplewood, Mo.

17. (a) Burial (b) Date thereof Jan. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge Mo.

18. (a) Signature of funeral director Ray B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) 1-21-46 (b) ES M. Jaramila
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy as above

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? _____

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

23. Signature Donald A. Burst (M. D. or other) M.O.
Address 601 Brentwood Clayton Date signed 1-18-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1929
76
2
3

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.