

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25133

State File No. _____

FILED 10 28 1946

Primary Registration District No. 1003

Registrar's No. 6438

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: Alexian Bros. Hospital
(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 8
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2530 Switzer Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James F. Conran
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20
year 1946 hour 7 minute A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3, 1946, to July 20, 1946; that I last saw him alive on July 19, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 9 If less than one day hr. _____ min.

Immediate cause of death General debility
Due to hypernephroma Rt. kidney
Due to _____
Other conditions (include pregnancy within 3 months of death) 52
Major findings: Of operations _____
Of autopsy Hypernephroma Rt.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Lawyer

11. Industry or business _____
12. Name James Conran
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Ann Barton
15. Birthplace Ireland (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Perry Tippett
(b) Address 2856 N. Euclid Ave.
17. (a) Burial (b) Date thereof 7/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg, Mo.
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge
19. (a) JUL 22 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

23. Signature J. D. Moore / St. Louis, Mo. D. O. P. S. D.
Address 7-26-46 Date signed _____

(Licensed Embalmer's Statement of Death) 247-26-46 Bldg.

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Bern E. Hoffmann

Licensed Embalmer No. *4366*

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.