

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED FEB 17 1947

Registration District No. 3197 Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9408-Tennyson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20-Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME David P. Conway

3. (b) If veteran, name war No 3. (c) Social Security No. 492-052425

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jan. 11 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 8 hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business R. J. Towers Co.

12. Name James Conway 4

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

14. Maiden name Catherine Powers 4

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

16. (a) Informant Catherine Fennessey

(b) Address 9408-Tennyson Ave-Overland

17. (a) Burial (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Baumain Brothers Inc

(b) Address 2504-Woodson Rd-Overland Mo

19. (a) 2-14-47 (b) Robert Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9408-Tennyson Avenue 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1947 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan 21 1945 to Jan 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis 2 yrs
Arteriosclerosis, general 2 yr
Myocarditis, chronic 2 yr
Other conditions: 93D
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
2 yrs
2 yr
2 yr
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)
(c) Means of injury _____
23. Signature John G. Kimmell (M. D. or other) _____
Address 10300 Lankford Rd Date signed 2/14/47

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

96
13
1

FEB 24 1947

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 K. Braun

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: