. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19678

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1165

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 779a Lemay Ferry Rd
(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 St. Louis 96
(c) City or town Lemay 23, 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 811 Regina
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELDON COONROD
3. (b) If veteran, name war
3. (c) Social Security No. 486 18 5563
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Esther Coonrod
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased March (Month) 10 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	2	28	hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation laborer
11. Industry or business Beamis Used Bag Co.
FATHER
12. Name unknown
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Esther Coonrod
(b) Address 811 Regina
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 10/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) 6-11-47 (Date received local registrar) (b) Earl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 7 day —
year hour minute M.
21. I hereby certify that I attended the deceased from 8 a.m., 19 , to 9 a.m., 1947
that I last saw him alive on June 7 — 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease (Chronic)
Due to 92-d
Due to 2.- Gastric Indigestion
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature L. C. Obrock (M. D. or other)
Address 779 Le May Ferry Date signed June 9th 47

Jefferson City Printing Co. (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 Oliver E. Fendler

Licensed Embalmer No. #148

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.