S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33283

Registration District No. 17 | Primary Registration District No. 6076 | Registrar's No. 1947

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community From 3/6/47 to 9/12/47 (Specify whether years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~St. Louis~~ 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2741 Magnolia Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: CONWAY, Mathew P.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 488-07-8766
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fay Conway
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: September (Month) 29 (Day) 1894 (Year)

8. AGE: Years 52 | Months 11 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis, Missouri (City, town, or county) 6 (State or foreign country)
10. Usual occupation: Retired Electrician
11. Industry or business:
FATHER 12. Name: Phillip Conway 7
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Jane Ferry
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Registrar 7
(b) Address: VA Hospital, Jeff Brks, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Natl. Cemty, Jeff Brks Mo
18. (a) Signature of funeral director: C. Hoffmeister L&U Co
(b) Address: 7814 S. Broadway, St. Louis, Mo.
19. (a) 9-16-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12 year 1947 hour 4:40 minute P.M.
21. I hereby certify that I attended the deceased from March 6, 1947, to September 12, 1947; that I last saw him alive on September 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Encephalomalacia	Unknown
Due to: –	
Due to: –	
Chronic Encephalomalacia; Mitral Stenosis; Dilatation, right Heart; General Arteriosclerosis	Unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: No operation	
Of autopsy:	

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): No
(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: 0
23. Signature: L. E. Stilwell (M. D. or other) L. E. STILWELL, M.D., Clinical Director
Address: VAH, Jefferson Brks., Mo. Date signed 9-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.