S. No. 2
1—1/47
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 39535

Primary Registration District No. 7003

Registrar's No. 10869

**1. PLACE OF DEATH:**

(a) County

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

(c). Name of hospital or institution: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community 25 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4263a W. Page Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mattie Connie Conyers

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Conyers

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

7. Birth date of deceased Unavailble (Month) (Day) 1892 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| Abt 55 | - | - | hr. min. |

9. Birthplace Shreveport (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name Henry Johnson
13. Birthplace Unknown-- (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Jennie ---- Unknowb
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

16. (a) Informant Dana Conyers
(b) Address 1008a N. Sarah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4407 Finney

19. (a) NOV 28 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 24th year 1947 hour ~~8:45~~ 9 min. at P.M. M.

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

Immediate cause of death: Hemorrhage of Colon
Antecedent causes: Malignancy of Colon
Underlying causes: Carcinoma of Colon

Duration

Date Nov. 24 1947 about 1:30 P.M.

Approx. Change to Bullet 2:00 Left to Contact 9:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 181
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) Accident
(b) Date of occurrence Nov 24 1947
(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 Fall

23. Signature Thomas F. Callaway (M. D. or other) 3
Address 1300 Clark Ave. Date signed 11-28-47

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 John K. Cunningham Registered Apprentice No. 452 working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

**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.