S. No. 2
OM—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

13963
14063

State File No.

FILED APR 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3297

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ind

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. Sheriton Hotel - 3701 Lindell
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 7

If yes, name country

3. (a) PRINT FULL NAME JAMES ROBERT CONLEY

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

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 July (Month) 10 (Day) 1880 (Year)

8. AGE: Years 67 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Lenorr (City, town, or county) N.Carolina (State or foreign country)

10. Usual occupation Retired

11. Industry or business Hosiery Salesman

FATHER
12. Name H.P.Conley
13. Birthplace (City, town, or county) N.Carolina (State or foreign country)

MOTHER
14. Maiden name Josephine E.Dula
15. Birthplace (City, town, or county) N.Carolina (State or foreign country)

16. (a) Informant Mrs.E.L.Ballew
(b) Address 415 E.Cleveland, Stockton, Cal.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Albert H.Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 5 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1 day 1
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 19, 1948, to April 1, 1948; that I last saw him alive on April 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema, acute	± 30 min
Due to Pulmonary hypertension + Right heart failure	?
Due to Pulmonary arteriosclerosis and Pulmonary fibrosis	? ± 1 yr
Other conditions (Include pregnancy within 3 months of death) Gall stone. Bronchiectasis	

Major findings:
Of operations —
Of autopsy Pulmonary edema, arteriosclerosis, Pulmonary fibrosis, bronchiectasis

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 James B. Ludwig (M. D. or other) M.D.
Address Barnes Hospital, Date signed 3 Apr 48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.