

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17482**
4372
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital**
(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 **Obol**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **4143 Hartford**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Charles H. Conklin**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gussie Conklin** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **December 10, 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **14** Days **29** If less than one day
hr. _____ min _____

9. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **William Conklin**

13. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Harriet Chamberlin**

15. Birthplace **Don't Know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gussie Conklin**

(b) Address **4143 Hartford**

17. (a) **Burial** (b) Date thereof **5-11-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview Cemetery Farmington, Mo.**

18. (a) Signature of funeral director **Weick Bro. Und. Co.**

(b) Address **2201 S. Grand Bl.**

19. (a) **MAY 10 1948** (b) **J. F. Broadhead**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9**
year **1948** hour **3** minute **20P.** 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 **Cerebral Apoplexy** *Duration* _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
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? _____

(Specify type of place) **While at work?** (e) Means of injury **3**

23. Signature **C. E. Taylor** (M/D. or other) **Dep. Civ.**

Address **1300 Clark** Date signed **5-10-48**

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 J. J. Krupin

Licensed Embalmer No. 3497

P. O. Address: 2201 S Grand

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.