FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24186

Registrar's No. 6146

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: 2837 Missouri Ave. 1
(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 aaa

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

(d) Street No. 2837 Missouri (Rear) 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Conroy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 1

6. (b) Name of husband or wife Edward Conroy

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

7. Birth date of deceased Feb (Month) 24 (Day) 1890 (Year)

8. AGE: Years 58 Months 4 Days 15 If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Casimir Nigg
13. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER
14. Maiden name Caroline Vogel
15. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant Freida Kobert
(b) Address 3122 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Witt Dun L & U Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) JUL 11 1948 (Date received local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1948 hour 4 minute 15 p.m.

21. I hereby certify that I attended the deceased from May 15, 1948 to July 9, 1948
that I last saw her alive on July 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum — Duration 6 Mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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 Leo Reber (M. D. or other) MD
Address 1840 California Date signed 7/10/48

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jeffers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.