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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34990
Registrar's No. 2209

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital 0
(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)

3. (a) PRINT FULL NAME JOAN CONWAY SCHROEER.

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clifford J. Schroeer. 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Feb. 14 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 8 If less than one day hr. min.

9. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Robert Conway,
13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Brady.
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford J. Schroeer.
(b) Address 8131 Cornell Court

17. (a) Burial (b) Date thereof Sept. 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem., East St. Louis, Illinois.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) 9-22-48 (b) Cecilia J. Shapiro
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 5, 3-
(If outside city or town limits, write "RURAL")
(d) Street No. 8131 Cornell Court,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1948 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from April
16, 1945, to Sept 21, 1948.
that I last saw her alive on Sept 21, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Matastatic Carcinoma Skull
Due to Carcinoma Breast
Due to 50
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?
While at work?..... (Specify type of place)
Means of injury.....
23. Signature W. E. Knight (M. D. or other) M.D.
Address 3720 Washington Blvd. Date signed 9/23/48

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

JB 6744
1 to 3 P.M.

APR 14 1954

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.