S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41367

FILED DEC 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10806

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

1. PLACE OF DEATH:
(a) County
(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: 6305 Virginia Ave.,
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6305 Virginia Ave.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Genevieve Conroy
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
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 April 10, 1912 (Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 4 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name William F. Conroy
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Josephine Wetton
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Alice Conroy
(b) Address 6305 Virginia Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) FEB 14 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th year 1948 hour 3 minute a M.
21. I hereby certify that I attended the deceased from 12-14 1946 to 12-14- 1948; that I last saw her alive on 12-13- 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocarditis and fibrillation heart	2 yrs.
Due to general anemia	
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 L. F. Murray (M. D. or other)
Address 600 S. Rankin Date signed 12-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DR. L.F. MURRAY.
605 RUSSELL
RR. 0080
1 TO 3

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. Wm. Barkley.....

Licensed Embalmer No.....3653.....

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.