

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41650
Registrar's No. 10887

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County...
(b) City or town... ST. LOUIS
(c) Name of hospital or institution... MARIAN HOSPITAL
(d) Length of stay: In hospital or institution...
In this community... years, months or days

3: (a) PRINT FULL NAME... CONRAD E. McEVEN
3. (b) If veteran, name war...
3. (c) Social Security No. ...

4. Sex... M... Color or race... W...
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... AUGUST 26 1887

8. AGE: Years 61 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation... LABORER

11. Industry or business...

MOTHER FATHER
12. Name... THOMAS McEVEN
13. Birthplace... MISSOURI (State or foreign country)
14. Maiden name... SARAH ROWLAND
15. Birthplace... Mo. (State or foreign country)

16. (a) Informant... Mrs. Walter Cole
(b) Address... 4523 Gibson Ave

17. (a) BURIAL (b) Date thereof... DEC 18 48
(c) Place: burial or cremation... SUN SET BURIAL Park

18. (a) Signature of funeral director... E. J. Schmir
(b) Address... 3125 Lafayette Ave

19. (a) DEC 21 1948 (Date received local certificate)
J. B. Sasater (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Mo. (b) County... St. L.
(c) City or town... ST. LOUIS
(d) Street No. 3619 1/2 Caro St.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country...

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 15 year 48 hour 12 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec 11 1948 to Dec 15 1948
that I last saw him alive on Dec 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... fatal pneumonia
Duration 6 days

Due to...

Due to... 108

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) (e) Means of injury...

23. Signature... J. B. Sasater (M. D. or other)
Address... 2752... Date signed... 1/1/49

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

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.....

John Ballmer

Licensed Embalmer No.....

41014

P. O. Address.....

3125 Lafayette

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.