

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2343

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 1

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Institute | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED a. (First) Sister Mary Prudentia Conrad b. (Middle) c. (Last) | | | 4. DATE OF DEATH Month January Day 13, Year 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH October 24, 1872 |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Omaha, Nebraska |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Fridoline Conrad | |
| 13b. MOTHER'S MAIDEN NAME Helena Conrad | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Sister M. Dominica, C.P.P.S. | | ADDRESS O'Fallon, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 029 | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive cardiovascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) genl arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2149 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Oct, 1948, to Jan 13, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 3 a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Lawrence B Behan M.D. | | 23b. ADDRESS O'Fallon Mo | |
| 23c. DATE SIGNED 1-14-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 15, 1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Convent Cem. | | 24d. LOCATION (City, town, or county) (State) O'Fallon, Missouri | |
| DATE REC'D BY LOCAL REG. Jan 15 - 1949 | | REGISTRAR'S SIGNATURE E. A. Keithley 280 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dalmage & Sons Co | | ADDRESS St. Charles | |

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 21 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.