

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2570

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1067**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  |
| c. LENGTH OF STAY (in this place)  |  | d. STREET ADDRESS (If rural, give location)<br><b>3684 Montana</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Alexian Bros. Hosp.</b>                    |  |   |  |

|  |                                  |  |   |   |   |
|--|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Edward</b> b. (Middle) <b>John</b> c. (Last) <b>Conley</b> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>2 1 49</b> |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>May 27 1879</b>                    |   | 9. AGE (In years last birthday) <b>69</b><br>IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>5</b><br>IF UNDER 12 HRS. Hours <b>5</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>      |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                  |  |   |   |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><b>Patrich Conley</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Simpson</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Stella Bird</b> |  |
|---|--|---|--|---|--|

|   |  |                         |  |   |  |                               |  |
|---|--|-------------------------|--|---|--|-------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO. |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Edw. Conley Jr.</b> |  | ADDRESS<br><b>4045 Spring</b> |  |
|---|--|-------------------------|--|---|--|-------------------------------|--|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Arteriosclerosis</b> |  |  |  |  |  |

|                        |  |                                  |  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><b>St. Louis Mo</b> |  |
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |                                      |  |                                   |  |
|--|--|--------------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>Dep L Peres</b> |  | 23b. ADDRESS<br><b>1065-50 Grand</b> |  | 23c. DATE SIGNED<br><b>2/3/49</b> |  |
|--|--|--------------------------------------|--|-----------------------------------|--|

|  |  |                            |  |   |  |   |  |
|--|--|----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>2 4 49</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo.</b> |  |
|--|--|----------------------------|--|---|--|---|--|

|  |  |  |  |  |  |                                 |  |
|--|--|--|--|--|--|---------------------------------|--|
| DATE RECD BY LOCAL HEALTH DEPT.<br><b>FEB 3 1949</b> |  | REGISTRAR'S SIGNATURE<br><b>J. B. Hasler</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Wingbermuehle</b> |  | ADDRESS<br><b>3819 S. Grand</b> |  |
|--|--|--|--|--|--|---------------------------------|--|

WRITE PLAINLY—USING 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~~ me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edward H. Remelius

Licensed Embalmer No. 4283

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.