

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6976  
State File No. 00000

No. 300  
10.48

9600

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6876</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Normandy</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>10</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy, St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy, St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3514 West Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3514 West Place</u>				d. STREET ADDRESS (If rural, give location) <u>3514 West Place</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Loriena</u>	b. (Middle)	c. (Last) <u>CONRAD</u>	(Month) <u>JAN</u>	(Day) <u>28</u>	(Year) <u>49</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH <u>11 - 21 - 1893</u>		9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 24 HRS. Hours <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Richard Eissenborn</u>		13b. MOTHER'S MAIDEN NAME <u>Chaepferkoetter</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph F</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. F. Conrad</u>				
				ADDRESS <u>3514 West Pl.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>none</u>					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>none</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal hemorrhage varicities of Cardiac valve</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>stomach</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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)		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 <u>6-10</u> , <u>1948</u> , to <u>1-28</u> , <u>1949</u> , that I last saw the deceased alive on <u>1-28</u> , <u>1949</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Kunkel, M.D.</u>				23b. ADDRESS <u>340 Bermuda Ave</u>		23c. DATE SIGNED <u>1-29-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lucas Hunt road Normandy</u>		
DATE REC'D BY LOCAL REG. <u>1-31-49</u>		REGISTRAR'S SIGNATURE <u>John H. Kunkel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Know R &amp; U. Co.</u>		ADDRESS <u>2707 N. Grand</u>	

MAR 2 - 1919

**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.

Signed

*Stanley H. Dixon*

Signed.....

Student Embalmer

Licensed Embalmer No. 4193

P. O. Address. St. Louis

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.