

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25455

State File No.

46
2
3

BIRTH NO. _____ REG. DIST. NO. 817 PRIMARY REG. DIST. NO. 30029 Registrar's No. 1644

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pattersonville</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>Free Free Road</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>CONWAY</u> c. (Last) <u>CONWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED (Never married, widowed, divorced) (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>June 7 - 1939</u>
9. AGE (In years last birthday) <u>10 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Thomas Conway</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Street</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>Thomas Conway Pattersonville Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA, broncho, BILATERAL, acute</u> <u>organism unidentified as yet</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis, acute secondary to infection with decompensation.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. 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) (Minute) _____ 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 <u>3 June 1949</u> , to <u>12 July 1949</u> , that I last saw the deceased alive on <u>12 July 1949</u> , and that death occurred at <u>3:50 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Belmont P. Thiele M.D.</u>		23b. ADDRESS <u>Belmont P. Thiele M.D. Pattersonville, Mo.</u>	
23c. DATE SIGNED <u>7/12/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>7/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill, Clayton, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Clayton, Mo. Via notes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert P. Donk M.D.</u>	
DATE REC'D BY LOCAL REG. <u>7-13-49</u>		ADDRESS <u>Pattersonville, Overland, Mo.</u>	

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Oscar F. Mueller

Signed _____
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.