

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25616**

FILED AUG 2 1949

BIRTH NO. _____		REG. DIST. NO. 1317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1211	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jefferson Barracks, Mo.)		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.				d. STREET ADDRESS (If rural, give location) 3513 Hebert			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) G.		c. (Last) CONDICT		4. DATE OF DEATH (Month) (Day) (Year) July 13 1949	
5. SEX Male (1)		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 24, 1884	
9. AGE (In years last birthday) 65		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) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wayne Condict		13b. MOTHER'S MAIDEN NAME Susan Gardner		14. NAME OF HUSBAND OR WIFE Romona			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME EUGENE F. NOLAN, Registrar		ADDRESS VAH, Jefferson Barracks 23, Missouri	
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) MYOCARDIAL INFARCTION ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Unk.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) _____			
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 July 1, 1949 , to July 13, 1949 , that I last saw the deceased alive on July 13, 1949 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stelwiel (Degree or title) L. E. STELWELL, M.D., Chf. of Prof. Services				23b. ADDRESS Jefferson Barracks, Mo.		23c. DATE SIGNED July 13, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 15-49		24c. NAME OF CEMETERY OR CREMATORY INDIANAPOLIS. IND		24d. LOCATION (City, town, or county) (State) INDIANAPOLIS. IND.	
DATE REC'D BY LOCAL REG. 7-14-49		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister L. & U. Co. ADDRESS 7814 South Broadway, St. Louis, Missouri			

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.

Student
Student Embalmer

Signed

Harry J. Schomaker

Licensed Embalmer No. 2679

P. O. Address 7814 T. Boulevard

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.