

No. 300
10-48

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39498**
Registrar's No. **04510**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3068**

1. PLACE OF DEATH a. COUNTY ST. LOUIS County Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON	
c. LENGTH OF STAY (in this place) 22 days		d. STREET ADDRESS (If rural, give location) 3514 West Place	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS County Hospital			

3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) F c. (Last) CONRAD			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11-11-91		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR 0 11. UNDER 6 HRS. 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph Conrad		13b. MOTHER'S MAIDEN NAME Sophia Oelertman		14. NAME OF HUSBAND OR WIFE Loretta Conrad	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Lorene Bower ADDRESS 3514 West Pl.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - bilateral				INTERVAL BETWEEN ONSET AND DEATH 2902.3 15
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Concussion - severe				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 902.3		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FERGUSON ST. LOUIS MO.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 3 49 91		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? FALL FROM ROOF	
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22. I hereby certify that I attended the deceased from **11-3-1949**, to **11-24-1949**, that I last saw the deceased alive on **11-24-1949**, and that death occurred at **8:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert L. Clark M.D.		23b. ADDRESS 601 Brentwood Clayton, Mo.		23c. DATE SIGNED 11 25 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-29-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	

DATE REC'D BY LOCAL REG. 11-26-49		REGISTRAR'S SIGNATURE Herbert L. Clark		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Kiron L & W Co ADDRESS 2287 Grand	
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(Licensed Embalmer's Signature on Reverse Side)

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

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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 *Stanley H. Dixon*.....

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.