

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42154

BIRTH NO. _____		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 246
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY AG		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 5 mos	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles Nursing Home		d. STREET ADDRESS (If rural, give location) 7481 Kingsbury		
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) A ndrae c. (Last) Conrath		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 10, 1867	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	11. BIRTHPLACE (State or foreign country) Jefferson City Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Conrath		13b. MOTHER'S MAIDEN NAME Julia Andrae	14. NAME OF HUSBAND OR WIFE Janette E V Conrath	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred P. Conrath 7481 Kingsbury	
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) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aortic stenosis DUE TO (c) Gen. arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1. Wk 2 months 10 yrs - 4500
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) 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 8/4/1949, to 12/19/1949, that I last saw the deceased alive on 12/19/1949, and that death occurred at 4:00 p.m., from the causes and on the date stated above.				
23a. SIGNATURE R. J. Indice (Degree or title) M.D.		23b. ADDRESS 126 So. Main St. St. Charles, Mo		23c. DATE SIGNED 12/29/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontain Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. 12-31-49	REGISTRAR'S SIGNATURE Frankie H. Alexander	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6175 Delmar		

(Licensed Embalmers' Seal on Reverse Side)

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

Dr. Budke
126 N Maine
St. Ch 674

JAN 27 1950

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 jos. E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pilma

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.