

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5195**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **2349a University St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **2349a University St.**

3. NAME OF DECEASED
a. (First) **CHRISTINA**
b. (Middle) _____
c. (Last) **CONLEY**

4. DATE OF DEATH **June 12 1950**
(Month) (Day) (Year)

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **July 25 1874**

9. AGE (In years last birthday) **75**

IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Fred Schmidt**

13b. MOTHER'S MAIDEN NAME **Louisa Hazel**

14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Margaret Conley** ADDRESS **2349a University**

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) **Anemia**
ANTECEDENT CAUSES **Cardio-renal disease**
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH
2 days
2 yrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Hit by car**

22. I hereby certify that I attended the deceased from **Nov 2, 1948**, to **June 12, 1950**, that I last saw the deceased alive on **June 12, 1950**, and that death occurred at **3:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Charles Smalover (M.D.)**

23b. ADDRESS **2302 University St.**

23c. DATE SIGNED **6/13/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **6-15-50**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JUN 13 1950** REGISTRAR'S SIGNATURE **J. P. Farolan**

25. FUNERAL DIRECTOR'S SIGNATURE **Sullivan Funeral Dir.** ADDRESS **2849 N. Euclid**

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

will

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Robert L. Brinkman
Signed.....
Licensed Embalmer No. *35923*
P. O. Address *St. Louis, 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.