

FILED AUG 29 1950

THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATHState File No. 28095
6787

BIRTH NO. 52287-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS M</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GROVER Mo 4000</u>		d. STREET ADDRESS (If rural, give location) <u>GEN DEL. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeSage Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Bory</u> c. (Last) <u>Conway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 8 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (Ever married, widower, divorced) (Specify) <u>S 1</u>		8. DATE OF BIRTH <u>8 Aug 1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 1 HOUR Min. IF UNDER 2 HRS. Min. <u>= = 4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>MO St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jesse Conway</u>			13b. MOTHER'S MAIDEN NAME <u>OMA ALLISON</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse Conway Grover, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ICTERUS GRAVIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>-</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>7700</u>			
22. I hereby certify that I attended the deceased from <u>8 AUGUST, 1950</u> , to <u>8 AUGUST, 1950</u> , that I last saw the deceased alive on <u>8 AUGUST, 1950</u> , and that death occurred at <u>10:32 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert J. Burke</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>DeSage Hosp, St Louis Mo</u>		23c. DATE SIGNED <u>8 AUG 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Round Springs Mo via Mortar</u>		24d. LOCATION (City, town, or county) (State) <u>-</u>	
DATE REC'D BY LOCAL <u>AUG 9 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Daumann Brothers Inc Overland Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.

Student Embalmer No.

Signed, Gustave P. Baumgardner

Signed.....
Student Embalmer

Licensed Embalmer No. 2315

P. O. Address Overland, 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.