No. 300
10.48

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

HLM DEC 27 1950
XC-1 517 2398
Reg.# 89058

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43184

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2924

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: JEFF.BRKS,MO.
c. LENGTH OF STAY (in this place): 55 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETS.ADMIN.HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 26
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St.Louis 2269
d. STREET ADDRESS (If rural, give location): 1425 Sullivan St.,

3. NAME OF DECEASED (Type or Print): a. (First) LOUIE b. (Middle) ELWORTH c. (Last) CONAWAY

4. DATE OF DEATH (Month) (Day) (Year): 12-4-50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-21-24
9. AGE (In years last birthday): 26 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Davisville,Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Douglas Conaway
13b. MOTHER'S MAIDEN NAME: Rosie Conaway
14. NAME OF HUSBAND OR WIFE: Elsie Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS ADDRESS: JEFF.BRKS,MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHORIOEPHITHLIOMA, MEDIASTINUM — INTERVAL BETWEEN ONSET AND DEATH: 3½ months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 164X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ~~173X~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~173X~~
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10-50, *19*___, *to* 12-4-50, *19*___, *that I last saw the deceased* ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 12:29P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Stilwell (Degree or title) M.D.
23b. ADDRESS: VA HOSP.JEFF.BKRS,MO.
23c. DATE SIGNED: 12-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: DEC-5-50
24c. NAME OF CEMETERY OR CREMATORY: STEELVILLE. Mo
24d. LOCATION (City, town, or county) (State): STEELVILLE,MO.

DATE REC'D BY LOCAL REG.: 12/4/50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.HOFFMEISTER U&L COMPANY,St.Louis,Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1951

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 Louis C. Hoffmeister

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.