

STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No. 17942

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4683

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton 8170	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 1130-E. Broadway 8	

3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) --- c. (Last) CONNER			4. DATE OF DEATH (Month) (Day) (Year) MAY 17, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 3, 1909	9. AGE (In years last birthday) 42	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		10b. KIND OF BUSINESS OR INDUSTRY Oil Refinery		11. BIRTHPLACE (State or foreign country) Madison County, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W.A. Conner		13b. MOTHER'S MAIDEN NAME Lena Ketchum	
14. NAME OF HUSBAND OR WIFE Dorothy Conner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-09-1565	
17. INFORMANT'S SIGNATURE OR NAME Ellen Gail Howden		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.		19. DATE OF OPERATION	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE HEMORRHAGE		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) CA LEFT TONSIL AND POSTERIOR ANGLE OF LEFT SIDE OF MOUTH			
DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 145X	

22. I hereby certify that I attended the deceased from MAY 8, 1951, to MAY 17, 1951 that I last saw the deceased alive on MAY 17, 1951, and that death occurred at 6:20p m., from the causes and on the date stated above.

23a. SIGNATURE F. R. Bradley MD		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Woodland Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Wood River, Madison, Ill.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. MAY 18 1951		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert W. Strooper Alton, Ill.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Student Embalmer

Signed..... *Robert H. Streep*

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill*

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.