

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

34939

State File No.

FILED OCT 23 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8680**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place)		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		6. STREET ADDRESS (If rural, give location) 4111 Russell Blv.	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) ROSE c. (Last) CONRAD			4. DATE OF DEATH (Month) (Day) (Year) SEPT-29-57		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (separately) M.	8. DATE OF BIRTH AUG-29-1908	9. AGE (In years last birthday) 43 YRS.	IF UNDER 1 YEAR Months Days IF UNDER 2 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? U.S.A.

13a. FATHER'S NAME ELLIS DUNSFORD		13b. MOTHER'S MAIDEN NAME ROSE KIERAN		14. NAME OF HUSBAND OR WIFE Alfred J. Conrad	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfred J. Conrad 4111 Russell Blv.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C Metastases to Brain		
	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 24 Sept 57	19b. MAJOR FINDINGS OF OPERATION Metastatic Cancer to left Cerebrum		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? 170X	

22. I hereby certify that I attended the deceased from **9-21, 1957**, to **9-29, 1957**, that I last saw the deceased alive on **9-29, 1957**, and that death occurred at **6:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. Woolsey	(Degree or title)	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 29 SEPT 57
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION CREMATION	24b. DATE Oct-2-57	24c. NAME OF CEMETERY OR CREMATORY V. A. H. A. 444 Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. OCT 1	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette Ave
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Jon Blalmer* _____

Licensed Embalmer No. *4014* _____

P. O. Address *3125 S. 1st St.* _____

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.