

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38853**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10872**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10872</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>5455 Delmar</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle) _____		c. (Last) <b>Condon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/6/51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>2/21/1892</b>		9. AGE (In years last birthday) <b>59</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John W. Condon</b>		13b. MOTHER'S MAIDEN NAME <b>Cecilia M. Hanley</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes W. War I.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Leo J. Condon</b> ADDRESS <b>3826 a Shenandoah</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural hemorrhage</b> ANTECEDENT CAUSES <b>Pulmonary Tuberculosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>when he fell out of bed</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>at City Hospital on Dec 3 1951 exact time</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>unknown</b>		19c. MAJOR FINDINGS OF OPERATION <b>bad Accident</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Asap</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 3 51 7 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E9027</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:30 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter Perry Dwyer, Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12/6/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Motor</b>		24b. DATE <b>12/10/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barr. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 8 1951</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Schauer</b>		ADDRESS <b>3125 Lafayette</b>	

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

**MB** (Licensed Embalmer's Statement on Reverse Side)

JAN 3 1952

---

---

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 *Joseph Bollme*

Licensed Embalmer No. *40K*

P. O. Address *3125 Lafayette*

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.