

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25689

State File No. _____

FILED JUL 31 1952

7111

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY 0 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 22 A9 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | d. STREET ADDRESS (If rural, give location) 23 2526 So. 18th. Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital | | | | 4. DATE OF DEATH July 23, 1952 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William | | b. (Middle) _____ | | c. (Last) Conn | | 4. DATE OF DEATH July 23, 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 15, 1888 | 9. AGE (In years last birthday) 64 | # UNDER 1 YEAR Months Days | # UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter-Maintenance | | 10b. KIND OF BUSINESS OR INDUSTRY Office Bldg. | | 11. BIRTHPLACE (City and State or Foreign Country) Boonton, N. J. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Harry Conn | | 13b. MOTHER'S MAIDEN NAME Mary Mc Neil | | 14. NAME OF HUSBAND OR WIFE Gertrude Conn | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Mary Conn ADDRESS 2526 So. 18th. Street | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coridial Failure ANTECEDENT CAUSES Increased Stenotiated left Ventricle DUE TO (b) Shock DUE TO (c) Shock II. OTHER SIGNIFICANT CONDITIONS Chronic Myocarditis | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hr. 5 hrs. | |
| 19a. DATE OF OPERATION 7/22/52 | | 19b. MAJOR FINDINGS OF OPERATION Increased left Inguinal hernia - sliding - large | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (a.e. 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) | |
| 21d. TIME OF INJURY | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5610 | | | |
| 22. I hereby certify that I attended the deceased from 7/22 , 19 52 , to 7/23 , 19 52 , that I last saw the deceased alive on 7/23 , 19 52 , and that death occurred at 3:30 AM , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Robert H. Cason, M.D. (Degree or title) | | | | 23b. ADDRESS 3606 Florio | | 23c. DATE SIGNED 7/23/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE July 26/52 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. JUL 24 1952 | | REGISTRAR'S SIGNATURE J. E. Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros. ADDRESS 2201 So. Grand Blvd. | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, 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.