S. No. 300
v. 10.48

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26621

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 2071

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7638 Williams

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maplewood 4524 52
d. STREET ADDRESS (If rural, give location) 7638 Williams

3. NAME OF DECEASED (Type or Print)
a. (First) Leslie
b. (Middle) Gladstone
c. (Last) Conaway

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 52

5. SEX Male

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-10-1900

9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months 6 Days 22 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and State or Foreign Country) Dent County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Allen Conaway

13b. MOTHER'S MAIDEN NAME Nora Ellen Morgan

14. NAME OF HUSBAND OR WIFE Juanita Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-18-1166

17. INFORMANT'S SIGNATURE OR NAME Helen DeSoto; **ADDRESS** 7638 Williams

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 6 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 157X
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 June 16 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas c̄ Metastases

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* June 7, 1952, *to* Aug 2, 1952, *that I last saw the deceased alive on* Aug 2, 1952, *and that death occurred at* 11:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE M Plumington (Degree or title) MD

23b. ADDRESS 607 N. Grand St Louis

23c. DATE SIGNED 8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4

24b. DATE 8-4-52

24c. NAME OF CEMETERY, OR CREMATORY Cedar Grove

24d. LOCATION (City, town, or county) (State) Salem, Mo.

DATE REC'D BY LOCAL REG. 8-4-52

REGISTRAR'S SIGNATURE Herbert P. Donkel M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, **ADDRESS** 4700 Washington Blvd.

(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 John J. Stevens

Licensed Embalmer No. 4608

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.