

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33038

State File No. 8696

REC'D SEP 24 1953

318

REG. DIST. NO. 1003

PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Rockford</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Rockhouse</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>8120 8</u>	
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>WHITFIELD</u> c. (Last) <u>CONLEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 15, 1887</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>Rockhouse Ill</u>
<u>P. R. Ticket Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>ADELINE CONLEE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>170</u>		16. SOCIAL SECURITY NO. <u>493-03-1188</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adeline Bairlee</u> ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strenia and Hemiplegia</u> DUE TO (b) <u>Cerebral Thrombosis, left internal Capsule</u> DUE TO (c) <u>Matiguan Arterial Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart Disease</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT <u>Laceration of Scalp</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis 3-3-2 X Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 30 53 10PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>			
22. I hereby certify that I attended the deceased from <u>Aug 16, 1953</u> , to <u>Sept 1, 1953</u> , that I last saw the deceased alive on <u>Sept 1, 1953</u> , and that death occurred at <u>8:50 PM</u> , from the causes and, on the date stated above.			
23. SIGNATURE <u>Clemens J. Sullivan, M.D.</u> (Degree or title)		23b. ADDRESS <u>Mo. Pacific Hospital</u>	
23c. DATE SIGNED <u>Sept 2, 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-7-53</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Rockhouse Ill</u>	
DATE REC'D BY LOCAL REG. <u>SEP 8 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>		ADDRESS <u>Rockhouse - Ill</u>	

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

SEP 25 1933

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.....
Signature of Student Embalmer

Signed *Ganald O Yohruke*

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.