

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7071

State File No.

BIRTH MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Clayton</u>	c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2322 Albion Place</u> <u>2119</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWIN</u>	b. (Middle) <u>A.</u>	c. (Last) <u>CONLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 27, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 18, 1908</u>	9. AGE (In years last birthday) <u>45</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk (Billing)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sporting Goods</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hallstead, Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew J. Conley</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Gilchrist</u>	14. NAME OF HUSBAND OR WIFE <u>Lucile F. Conley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>128-12-7315</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucile F. Conley</u>	ADDRESS <u>2322 Albion Place</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>rib fractures and damage to right lung, suffered while he was a passenger in an automobile being operated by CLAUDE BECKER of 2322 Albion Place, St. Louis, which skidded while driving on Mo. Bottom Rd. near Dunn Rd., & threw the deceased out onto the pavement</u>	ANTECEDENT CAUSES <u>From crushing chest injury, multiple</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (b) <u>while he was a passenger in an automobile being operated by CLAUDE BECKER of 2322 Albion Place, St. Louis, which skidded while driving on Mo. Bottom Rd. near Dunn Rd., & threw the deceased out onto the pavement</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>He was removed to St. Louis County Hospital by COLLIER Ambulance and was pronounced DOA</u>	AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 27, 1954 10:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>BLUNT IMPACT- thrown from car onto pavement</u> <u>8244</u> <u>33</u>
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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 _____ m., from the causes and on the date stated above.

23. SIGNATURE <u>Emald J. Willmann</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Missouri</u>	23c. DATE SIGNED <u>3-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson City, N. Y.</u>
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DATE REC'D BY LOCAL REG. <u>3-1-54</u>	REGISTRAR'S SIGNATURE <u>Nehrest R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stock Mortuary, 2117 E. Grand Blvd.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *J W Bentley*.....

Licensed Embalmer No. *36*

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.

[Handwritten signature]