No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7170

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 328

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 48 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1022 Yale Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): EMILY
b. (Middle): DEPEYSTER
c. (Last): CONOVER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Mar. 29, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investment advisor
10b. KIND OF BUSINESS OR INDUSTRY: Investment
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William H. C. Conover
13b. MOTHER'S MAIDEN NAME: Cornelia Delisser
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 489-09-7852
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. Earl Conover, 2722 Tamm Ave.

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) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Embolus — ? Thrombosis ? — 3 days

DUE TO (c) Auricular Fibrillation — ?
Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES [ ] NO [X]

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* 1-31, 1954, *to* Feb. 2, 1954, *that I last saw the deceased alive on* Feb 2, 1954, *and that death occurred at* 10 00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): John W. Berry MD
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 2-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Feb. 6, 1954
24c. NAME OF CEMETERY OR CREMATORY: Bonne Terre Cemetery
24d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

DATE REC'D BY LOCAL REG.: 2-5-54
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Beiderwieden F.H. Inc., 1936 St. Louis Ave.

SW (Licensed Embalmer's Statement on Reverse Side)

Dr. John Berry
3720 Washington Av.
NE 6646
no hours Thurs.
Fri. 1-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No... Non

working under my personal supervision..

Student ..... None .....
Signature of Student Embalmer

Signed ..... Felix J. Krieg

Licensed Embalmer No. 3 4

P. O. Address ..... St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.