

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2319

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings</b>		c. CITY OR TOWN <b>Jennings</b> <b>413 B</b>	
c. LENGTH OF STAY (In this place) <b>3 months</b>		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 <b>8733 Emilie Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>8733 Emilie Ave</b>	

3. NAME OF DECEASED a. (First) <b>Harriet</b> b. (Middle) <b>M</b> c. (Last) <b>McConkey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2 1954</b>		
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5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>July 7 1880</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: Months Days		IF UNDER 6 WKS: Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clinton Ill.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>B.C. Sprague</b>		13b. MOTHER'S MAIDEN NAME <b>Ara Mills</b>		14. NAME OF HUSBAND OR WIFE <b>Edgar McConkey</b>			
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>G.C. McConkey 8733 Emilie Ave.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Uterus</b>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		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 <b>1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of uterus</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **1/19/54**, 19\_\_\_\_, to **10/2/54**, 19\_\_\_\_, that I last saw the deceased alive on **10/2/54**, 19\_\_\_\_, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____		23b. ADDRESS <b>96917 W. Flouissant</b>		23c. DATE SIGNED <b>10/4/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>10/5/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Ill.</b>	
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DATE REC'D BY LOCAL REG. <b>10/4/54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harrington Funeral Home Clinton Ill</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
*W. H. Buchholz*

Licensed Embalmer No. 459

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.