

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36703**

FILED DEC 13 1954

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **332**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Overland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 64-5M-11		e. STREET ADDRESS (If rural, give location) 2525 (Verona) Y23 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 1			
3. NAME OF DECEASED (Type or Print) a. (First) Bernard		b. (Middle) _____	
c. (Last) Conrad		4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar 18, 1925
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months 7	IF UNDER 4 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and State or Foreign Country) St Louis Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME George Conrad		13b. MOTHER'S MAIDEN NAME Mona Calvert	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME George Conrad		ADDRESS Overland Mo	
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* Chr interstitial nephritis 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		19b. MAJOR FINDINGS OF OPERATION 592 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1953 , to Dec 4, 1954 , that I last saw the deceased alive on Dec 4, 1954 , and that death occurred at 17 North from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J R Hunter MD		23b. ADDRESS Fulton Mo	
23c. DATE SIGNED Dec 4, 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec-7-1954	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) Normandy Mo	
DATE REC'D BY LOCAL REG. Dec 5-1954		REGISTRAR'S SIGNATURE Martha Lawrence 426-	
25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *Denzil P. Browning*

Licensed Embalmer No. *27,24*

P. O. Address *Falling Mt.*

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.