

KC-13 438 545

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9471**
Registrar's No. **2677**

Reg. #7107
SL #5003

318

1003

BIRTH NO. **FILED MAR 31 1955** REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Vanderburgh	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 13 days	c. CITY OR TOWN Evansville 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 VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 1831 S. New York Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) F. c. (Last) CONNER			4. DATE OF DEATH (Month) (Day) (Year) March 23, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/14/25
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Handler		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Indiana
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jackson Conner	
13b. MOTHER'S MAIDEN NAME Elizabeth Seller		14. NAME OF HUSBAND OR WIFE Anna Bell Conner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE INTRAVENTRICULAR HEMORRHAGE ANTECEDENT CAUSES DUE TO (b) ACUTE LYMPHOCYTIC LEUKEMIA DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 12 hours 4 months		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m. VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2040	
22. I hereby certify that I attended the deceased from 3/10 , 19 55 to 3/23 , 19 55 , and that death occurred at 11:45P m. , from the causes and on the date stated above.			
23a. SIGNATURE OF REGISTRAR H. F. Westphalinger		23b. ADDRESS VAH, St. Louis, Mo.	
23c. DATE SIGNED 3-24-55		24a. BURIAL CREMATION, REMOVAL (Specify)	
24b. DATE 3-24-55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Evansville, Indiana		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern FullHome, 6322 S. Grand, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAR 24 1955		REGISTRAR'S SIGNATURE J. Carl Smith	

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

MAY 3 1961

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 *David W. T. [unclear]*

Licensed Embalmer No. *439*

P. O. Address *6355 [unclear]*

-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.