

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

10538

FILED APR 4 1955

State File No. 680

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 680

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 3 Yrs.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7440 Arlington Drive.		c. CITY OR TOWN Richmond Heights.	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 7440 Arlington Drive.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Conroy c. (Last) Conroy			4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Nov. 24, 1874		9. AGE (In years) (months) (days) 80		10. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 1 HR. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) Illinois.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William McGonical		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Emmet Conroy.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil	
17. INFORMANT'S SIGNATURE OR NAME L.M. Andrews		17. ADDRESS 7440 Arlington Dr.			

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* (a) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	
		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 Dec 2, 1952 to March 22, 1955 , that I last saw the deceased alive on Mar 16, 1955 , and that death occurred at 5:30 P. M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Karl L. Kessler M.D.		23b. ADDRESS 1139 Bellvue		23c. DATE SIGNED Mar 23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-23-55		24c. NAME OF CEMETERY OR CREMATORY Murphyboro Ill.,		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3/23/55		REGISTRAR'S SIGNATURE Hebert R. Somers		25. FUNERAL DIRECTOR'S SIGNATURE A.H. Hoppe		ADDRESS 4704 Washington Ave.	

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 *John J. Harris*
Licensed Embalmer No. *4100*
P. O. Address *J. Harris*

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.