

No. 300
10.48

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

XC-2 301 878
Reg. 9888
SL-6561

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27544
State File No.
6668
Registrar's No.

BIRTH NO. FILED SEP 9 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | | | |
|---|---------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 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 915 N. Grand, St. Louis, Mo. | | c. LENGTH OF STAY (in this place) Mo. 12 days | | c. CITY OR TOWN University City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp. | | e. STREET ADDRESS (If rural, give location) 7514 Liberty Avenue | | | |
| 3. NAME OF DECEASED a. (First) ROY b. (Middle) EVERITT c. (Last) CONGER | | | 4. DATE OF DEATH (Month) (Day) (Year) 8-1-55 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 6-6-74 | 9. AGE (In years last birthday) 81 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) Salesman (retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Printing | | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Gilead, Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Daniel Conger | | 13b. MOTHER'S MAIDEN NAME Mabel Watson | |
| 14. NAME OF HUSBAND OR WIFE Winnette Conger | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes SPAW | | 16. SOCIAL SECURITY NO. 494 09 3911 A | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp.? Records, 915 N. Grand, St. Louis, Mo. | | | | | |

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|---|--|----------------------------------|--|---|--|
| 18. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 18. DATE OF OPERATION | | | | | |
| 19b. MAJOR FINDINGS OF OPERATION | | | | | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 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 7-20-55, 19, to 8-1-55, 19, and that death occurred at 12:10 Pm., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE Jean L. Bohac (Degree or title) | | 23b. ADDRESS VA Hospital 915 N. Grand, St. Louis, Mo. | | 23c. DATE SIGNED 8-1-55 | |
| 24a. BURIAL: CREMATION/REMOVAL (Specify) REMOVAL | | 24b. DATE Aug 4, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri | | | | | |

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|-------------------------------------|--|-----------------------|--|---|--|
| DATE REC'D BY LOCAL REG. AUG 2 1955 | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar | |
|-------------------------------------|--|-----------------------|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

— 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 *Jos. E. McCulloch*

Licensed Embalmer No. *249*

P. O. Address *617 28*

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.