

FILED DEC 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 38568

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10146

1. PLACE OF DEATH a. COUNTY <u>4216 East Page Ave. (Home)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN <u>St. Louis</u> 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 <u>4216 East Page Ave. (Home)</u>		e. STREET ADDRESS (If rural, give location) <u>4216 East Page Ave.</u> 21190	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Armene</u> b. (Middle) <u>Mary</u> c. (Last) <u>Mc Conico</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>20</u> (Year) <u>55</u>	
5. SEX <u>Female</u> 3	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>4-21-15</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR <u>6</u> Days	IF UNDER 24 HRS. <u>229</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafeteria</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mobile, Alabama</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Mc Conico</u>	
13b. MOTHER'S MAIDEN NAME <u>Rose Anderson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-14-7388</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rose Mc Conico</u>		ADDRESS <u>4216 East Page</u>	
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) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>About 2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>None</u> 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)		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 <u>11-18-1955</u> to <u>11-20-1955</u> , that I last saw the deceased alive on <u>11-20-1955</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>4 So. Compton</u>	
23c. DATE SIGNED <u>11-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-25-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 21 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Robert Undertaking Co.</u>		ADDRESS <u>1416 N. Taylor</u>	

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 *James A. Carter*.....

Licensed Embalmer No. *H. G.*.....

P. O. Address *J. L. Linn*.....

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.