

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32689**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2261**

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

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Rock Hill c. LENGTH OF STAY (In this place) 2 Yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill Rest Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Rock Hill d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 9803 Manchester Ave.				
3. NAME OF DECEASED a. (First) HELEN b. (Middle) CONWAY c. (Last) _____ (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) 9-23-1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 5-8-1892	9. AGE (In years last birthday) 64 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) LaMont Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arthur Conway		13b. MOTHER'S MAIDEN NAME Lizzie W Wiles		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A.L. Cutter 754 W. Kirkham Ave.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis agitans				
		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) 350X		
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>May 27, 1949</u>, to <u>Sept 23, 1956</u>, that I last saw the deceased alive on <u>Sept 17, 1956</u>, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Henry Rounfeld M.D.				23b. ADDRESS 3903 Olive		23c. DATE SIGNED Sept 21 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9-25-1956		24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. 9-24-56		REGISTRAR'S SIGNATURE Herbert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fisher-Aldrich Webster Brown Mo.		

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 *Leslie Helek*.....

Licensed Embalmer No. *439*.....

P. O. Address *Wahpeton, Gro...*

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.