S. No. 100
v. 10/48

3

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

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36470

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2519

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN [redacted] (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis, County Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Lemay 487 [redacted]
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 308 Waller Drive LeMay Mo

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle) K
c. (Last) Condon

4. DATE OF DEATH (Month) (Day) (Year) Oct 23 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 30-1895 1894
9. AGE (In years last birthday) ~~61~~ 62 | If under 1 year: Months Days | If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Natl Lead Co
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John P. Condon
13b. MOTHER'S MAIDEN NAME Mary E. O. Gorman
14. NAME OF HUSBAND OR WIFE Dorothy Condon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT'S SIGNATURE OR NAME Dorothy Condon **ADDRESS** 308 Waller Dr. LeMay 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — 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 4201
20. AUTOPSY? YES ☐ NO ☑

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.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

Nov. 21 1956 Corr. by aff.

22. *I hereby certify that I attended the deceased from* 1-13, 1956, *to* Oct 12, 1956 *that I last saw the deceased alive on* Oct 23, 1956, *and that death occurred at* 1:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE R. J. McGinnis (Degree or title) MD **23b. ADDRESS** 16 Hampton Village **23c. DATE SIGNED** 10/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct 26, 1956
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis Mo (State)

DATE REC'D BY LOCAL REG. 10-25-56
REGISTRAR'S SIGNATURE Herbert R. Jonke
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's **ADDRESS** 2849 No Euclid Ave
(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.