

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40108**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 2594	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		c. LENGTH OF STAY (in this place) 25-yrs.		c. CITY OR TOWN Florissant		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Stanislaus Seminary				e. STREET ADDRESS (If rural, give location) St. Stanislaus Seminary			
3. NAME OF DECEASED (Type or Print) a. (First) Rev. Daniel b. (Middle) H. c. (Last) Conway S.J.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1956				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Nov. 27, 1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest			10b. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (City and State or Foreign Country) Durango, Colorado		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Conway		13b. MOTHER'S MAIDEN NAME Mary Cavanaugh		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 Rev. Vincent F. Erbacher S.J. 4511 West Pine			
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) Acute Hemorrhagic Pancreatitis 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.					INTERVAL BETWEEN ONSET AND DEATH 1 day approximately
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5870			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 28, 1942 , to 11/2/1956 , that I last saw the deceased alive on Aug 25, 1956 , and that death occurred at 4 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE G. O. Brown			(Degree or title) M. D.		23b. ADDRESS 1325 S Grand St. Louis 4, MO.		23c. DATE SIGNED 11/2/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 5, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Stanislaus Seminary		24d. LOCATION (City, town, or county) (State) Florissant, Missouri		
DATE REC'D BY LOCAL REG. 11-2-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		2. FUNERAL DIRECTOR'S SIGNATURE John J. Nommely		ADDRESS 890 Lindell Blvd.	

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 .....

Licensed Embalmer No. 469.....

P. O. Address 3840.....

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.