

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6087

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 564

|   |                                   |   |   |   |   |  |  |
|---|-----------------------------------|---|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |                                   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                        | c. CITY OR TOWN <u>University City</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>   |                                   | Length of stay in lb<br><u>1-week</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>27 8038 Gannon Ave.</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Frank</u> Middle <u>Joseph</u> Last <u>Conroy</u>   |                                   |   |   | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>17</u> Year <u>1957</u>  |   |  |  |
| 5. SEX <u>M.</u>  | 6. COLOR OR RACE <u>W.</u>        | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>     | 8. DATE OF BIRTH<br><u>July 6, 1902</u>   | 9. AGE (In years last birthday)<br><u>54</u>  | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>11</u>                   | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Clerk, P.M. Steel Corp.</u>   |                                   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  |
| 13. FATHER'S NAME<br><u>Dominick Conroy</u>   |                                   |   |   | 14. MOTHER'S MAIDEN NAME<br><u>Winifred Trayne</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown)<br><u>Yes</u>   |                                   | (If yes, give war or dates of service)<br><u>World War # 2</u>                            |   | 16. SOCIAL SECURITY NO.<br><u>498-10-0577</u>   | 17. INFORMANT<br><u>Mrs. Catherine V. Riordan, 8038 Gannon Ave.</u> |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of Pectum</u>  |                                   |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                   |   |   |   |   | DUE TO (b)   |  |
|   |                                   |   |   |   |   | DUE TO (c)   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                   |   |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |  |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br><u>154x</u> |   |   |  |  |
| 20c. TIME OF INJURY<br>Hour <u></u> Month <u></u> Day <u></u> Year <u></u><br>a. m. <u></u> p. m. <u></u>   |                                   |   |   |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |   | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE   |  |
| 21. I attended the deceased from <u>May 4, 1953</u> to <u>Jan 17, 1957</u> and last saw <u>her</u> alive on <u>Jan 16, 1957</u><br>Death occurred at <u>5:20 am.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |   |   |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Geo J. BeBlanc M.D.</u>  |                                   |   |   | 22b. ADDRESS<br><u>3720 Hawk Blvd</u>   |   | 22c. DATE SIGNED<br><u>1-17-57</u>   |  |
| 23a. BURIAL, CREATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Jan. 19, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>                             |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u>   |   |  |  |
| 24. FUNERAL DIRECTOR<br><u>Arthur J. Donnelly</u><br>ADDRESS<br><u>3840 Lindell Blvd.</u>   |                                   |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 18 57</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>J. Carl Smith, M.D.</u><br><u>S.P.</u>                                     |  |

Health, Welfare, Public Service, 300, 1-56, Doctor, coroner, etc. must use army standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 me Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature]  
Licensed Embalmer No. 46  
P. O. Address 3840

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