

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030276  
STATE FILE NUMBER  
7823

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7823

FILED AUG 28 1958

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis  
Inside Limits Yes  No

c. CITY OR TOWN St. Louis  
Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION DePaul Hospital  
Length of stay in lb 3 days

d. STREET ADDRESS (If outside, give location)  
2259 1/2 N. Ninth Street  
Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
JOHN CONROY

4. DATE OF DEATH Month Day Year  
Aug. 10 1958

5. SEX male  6. COLOR OR RACE white  7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH Aug. 27, 1884 9. AGE (In years last birthday) 73  
IF UNDER 1 YEAR Months Days Hours Min.

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

13a. FATHER'S NAME John Conroy 13b. MOTHER'S MAIDEN NAME Julia Rathiel 14. NAME OF HUSBAND OR WIFE Hulda Conroy

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. 17. INFORMANT Address  
Hulda Conroy 1434 N. Ninth St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE. (2) EMPHYSEMA. (3)  
DUE TO (b) CHRONIC BRONCHITIS  
DUE TO (c)  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
443x

20c. TIME OF INJURY .Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  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 Death occurred at 6:55 AUG 9, 1958 to AUG 10, 1958 and last saw him alive on AUG 10, 1958  
p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Riley M.D. 22b. ADDRESS Mo. Theatre Bldg. 22c. DATE SIGNED 8/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 8/13/58 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Buchholz Mortuary 5967 W. Florissant 25. DATE RECD. BY LOCAL REG. AUG 12 '58 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Gustav W. Puterbaugh*  
Licensed Embalmer No. *4379*  
P. O. Address *St. Louis, Mo.*

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.