

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011806  
STATE FILE NUMBER

MAR 30 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 787

300  
1-57

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, give TOWNSHIP only) OR TOWN BEL NOR		c. CITY OR TOWN BEL NOR 4180.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2931 ARLMONT DR.		d. STREET ADDRESS (If outside, give location) 2931 ARLMONT DRIVE	
3. NAME OF DECEASED (Type or print) First Middle Last LEE A CONKLIN		4. DATE OF DEATH Month Day Year MARCH 22 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1898 SEPT 4 1898
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) CLERK		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 ANDREW CONKLIN	
13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE MAE CONKLIN	
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. 490-38-9378	17. INFORMANT Address MAE CONKLIN 2931 ARLMONT DR.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion, Acute</i> DUE TO (b) <i>Arterio-Sclerotic Heart Disease</i> DUE TO (c) <i>Myocardial Infarct, Old</i> 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 <i>Instant</i> <i>10 yrs.</i> <i>4 years.</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Strangely</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>July 1949</i> to <i>March 22 1959</i> and last saw him <i>has</i> alive on <i>March 22 1959</i> Death occurred at <i>1/29</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clush McAdam M.D.</i> (Degree or title)		22b. ADDRESS <i>906 Olive St. Louis Mo.</i>	
22c. DATE SIGNED <i>3-24-59</i>		23. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i>	
23a. LOCATION (City, town, or county) (State) <i>ST LOUIS MO.</i>		23b. DATE <i>3/25/1959.</i>	
24. FUNERAL DIRECTOR <i>STROOT CARROLL</i> ADDRESS <i>4600 NATURAL BRIDGE</i>		25. DATE RECD. BY LOCAL REG. <i>3-24-59</i>	
26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*Callahan Co. Embalmer  
Joseph E. Callahan  
Ga 1-0198  
Harris Co. Embalmer*

**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 *M W Ruster* .....

Licensed Embalmer No. *4865* .....  
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.