RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS OCT 1 9 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9746 STATE FILE NUMBER 60-039632

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Louis Chronic Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5800 Arsenal
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Benjamin Middle: Harrison Last: Conrad
4. DATE OF DEATH: Month: Oct Day: 4 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/3/93
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Welding
11. BIRTHPLACE (City and state or country): Indiana
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: John Conrad
13b. MOTHER'S MAIDEN NAME: Sophia Watson
14. NAME OF HUSBAND OR WIFE: Ethel (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Martin Address: Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of Right Hip
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 904.1-47
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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.) Cause and Manner of
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
same could not be determined
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13 Chronic Hospital
20f. CITY, TOWN, OR LOCATION: 5800 Arsenal COUNTY STATE

21. I attended the deceased from 825 P. to and last saw her/him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Paul Simon (Degree or title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 10/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/7/60
23c. NAME OF CEMETERY OR CREMATORY: St Matthews Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Missouri

24. FUNERAL DIRECTOR ADDRESS: Moydell Funeral Home 1926 Allen
25. DATE RECD. BY LOCAL REG.: OCT 7 1960
26. REGISTRAR'S SIGNATURE: Karl Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Hadley F. Foeller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

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