MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7235 STATE FILE NUMBER 61-026689

AMENDED

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY: St. Louis, Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo — Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge — Inside Limits: Yes [X] No [ ]

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

c. CITY OR TOWN: St. Louis, Mo — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 1234 Tamm — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Pearl Middle: Last: Conroy

4. DATE OF DEATH: Month: 8- Day: 3 Year: 61

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1914-99

9. AGE (last birthday): 62

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): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: Cummings, Williams

13b. MOTHER'S MAIDEN NAME: Woolary, Jennie

14. NAME OF HUSBAND OR WIFE: Robert Husband

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.: Dont know

17. INFORMANT: ROBERT D. CONROT Address: 1234 TAMM AVE

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): Hemorrhage, postoperative

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Probably DUE TO (b): Hemolytic transfusion reaction

DUE TO (c): 153.8

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): Cancer of colon resected; cancer of rectum resected.

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, to Aug 3, 1961 and last saw (her) him alive on Aug 3, 1961

Death occurred at 5:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert H. Farley, MD.

22b. ADDRESS: 1325 S. Grand Blvd.

22c. DATE SIGNED: Aug 3, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): 8/7/61

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.: AUG 4 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

4-72

BY AFFIDAVIT OF DOCUMENT

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 Rueter

Licensed Embalmer No. 4865

P. O. Address 87 Power, 8

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.