

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038420
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9584**

AMENDED

FILED OCT 26 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 11 days	c. CITY OR TOWN St. Ann
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3163 O'Hare Drive

3. NAME OF DECEASED (Type or print) First Eleanor Middle Conway Last			4. DATE OF DEATH Month Oct. Day 15 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-29-70	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher		10b. KIND OF BUSINESS OR INDUSTRY Musician	11. BIRTHPLACE (City and state or country) Bonnetts Mill, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edmund V. Conway		13b. MOTHER'S MAIDEN NAME Martha Baxter		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXX	

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. None	17. INFORMANT Virgilia Avery 3163 O'Hare Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b)		
DUE TO (c) 490x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NECROTIZING PAPPILITIS - BOTH KIDNEYS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **July 21, 1956**, to **Oct 15, 1961** and last saw her alive on **Oct 15, 1961**
Death occurred at **4:00** **4:00 Pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Cohen	(Degree or title) M.D.	22b. ADDRESS 10822 St Charles Rock Rd ST ANN MO	22c. DATE SIGNED Oct 16/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-17-1961	23c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	23d. LOCATION (City, town, or county) Bridgeton, Mo.	(State)
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24. FUNERAL DIRECTOR Baumann Bros-Inc.	ADDRESS 2504 Woodson Rd-Overland-11-Mo.	25. DATE RECD. BY LOCAL REG. OCT 17 1961	26. REGISTRAR'S SIGNATURE Earl Smith M.D.
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland

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.