MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-017508

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4835 STATE FILE NUMBER

FILED MAY 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

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 ST. LOUIS, MISSOURI — Length of stay in 1b 20 Days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1084 S. Kingshighway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLES Middle F. Last CONYERS

4. DATE OF DEATH Month May Day 3 Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Unk. 1895

9. AGE (last birthday) 68 — 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) Retired Security Officer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Benjamin Conyers

13b. MOTHER'S MAIDEN NAME Nannie Connar

14. NAME OF HUSBAND OR WIFE Mary E. Conyers St. Louis Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (if yes, give war or dates o

16. SOCIAL SECURITY NO. -A

17. INFORMANT Mary E. Conyers 1084 Kinghigh

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) Carcinoma of pancreas with generalized metastases — INTERVAL BETWEEN ONSET AND DEATH Unk.

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

DUE TO (c) 157 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)

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 6/11/56, to 5/3/63 and last saw him alive on 5/3/63

Death occurred at 11:50 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. A. Vermillion M.D. M.D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 5/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 5/3/63

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) (State) Grandon Mo.

24. FUNERAL DIRECTOR ADDRESS Russell Mortuary Piggott Ark.

25. DATE RECD. BY LOCAL REG. MAY 3 1963

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

MAY 9 1963

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 James L Cuson

Licensed Embalmer No. 5168

P. O. Address Millstadt Ill.

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.