

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7432  
7432  
7432  
1861

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1008  
 City St. Louis, Mo. (No. City Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Earl E. Conrath (Cavanaugh)  
 (a) Residence, No. 6566 Joseph St., N.W. Ward, University City, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 16 - 1910

| 7. AGE | YEARS     | MONTHS    | DAYS     | If LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|-----------|----------|--|
|        | <u>24</u> | <u>10</u> | <u>9</u> |  |

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER FATHER  
 13. NAME David A. Conrath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burton, Mo.

MOTHER  
 15. MAIDEN NAME Miss Marsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Earl E. Conrath  
 (ADDRESS) 6566 Joseph

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Louis, Mo. DATE 2/26/35

19. UNDERTAKER Anderson & Son  
 (ADDRESS) 627 1/2 E. Olive

20. FILED FEB 26 1935  
J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 35

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on July 25, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_, m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (left)  
Cholera Infantum

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19\_\_\_\_

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. F. Bredeck, M. D.  
 (Address) St. Louis, Mo.

