WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

FEB 8 1937

Do not use this space.

791

1003

File No. 3144

Registered No. 166

1. PLACE OF DEATH

96 County

Township

City St. Louis, (No. City Hospital No.1 St. Ward)

Registration District No.

Primary Registration District No.

B. 11659 James Conley

2. FULL NAME

(a) Residence, No. 3127 Locust St., 21 Ward. 1
(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: male

4. COLOR OR RACE: white

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) Nov 28, 1880

7. AGE: 56 YEARS | MONTHS: 1 | DAYS: 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel 233

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) Missouri 1

FATHER

13. NAME Patrick Conley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Ann Conley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 5, 1937

19. UNDERTAKER (ADDRESS) Mullen Bros 4257 Lindell

20. FILED JAN 5 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/8/36, 19, to 1/1/37, 19

I last saw him alive on 1/1/37, 19 Death is said to have occurred on the date stated above, at 8.45 a.m.

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

Strangulated Femoral Hernia - N
Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation colostomy enlarg-enterostomy Date of 12/28/36 11/8/36

What test confirmed diagnosis? Was there an autopsy? No

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) H F Birchtold, M. D.

(Address) City Hospital No.1

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