REC'D MAY 10 1938

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

12718
Do not use this space.

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3322
(c) City St. Louis (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Francis Conger 526
(a) Residence, No. ..... St. N.R. Alton, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Zoa Conger.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1889
7. AGE: YEARS 49 MONTHS ~~10~~ DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. maintainence man
9. Industry or business in which work was done, as saw mill, bank, etc. .....
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) Iowa

FATHER
13. NAME Frank Conger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER
15. MAIDEN NAME Minnie Gross Gross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkowm

17. INFORMANT (ADDRESS) Zoa Conger Alton Illinois
18. BURIAL, CREMATION, OR REMOVAL
PLACE Edwardville Ill. DATE 4-10-38 19
19. FUNERAL DIRECTOR (ADDRESS) Marks & Weber Woodriver, Ill.
20. FILED APR 8 1938 19 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1938, to 4-7, 1938
I last saw him alive on 4-7, 1938. Death is said to have occurred on the date stated above, at 2 45 p.m.
The principal cause of death and related causes of importance were as follows:

Nasal hemorrhage caused by malignant granuloma 52

Date of onset

Other contributory causes of importance:
Malignant Granuloma of the nose (Skin)

Name of operation no. Date of .....
What test confirmed diagnosis? Biopsy of tissue Was there an autopsy? Yes

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) Thos L Leonard, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Albert H Hopper, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Albert H Hopper

Licensed Embalmer No. 1861

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.)