

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

4487
Do not use this space.

DECD MAR 13 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **5861 Gates** Registered No. **1180** St.

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

2. PRINT FULL NAME **Mary Etta Conder**

(a) Residence, No. **4063 a Cleveland** St. **17** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 23, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

80 1 12

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

9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**

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) **Alto Indiana**

FATHER 13. NAME **John Whiteker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Elizabeth Harrod**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Mrs. Goldie Hull 4063 a Cleveland Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sullivan Mo.** DATE **Feby 7 1939**

19. FUNERAL DIRECTOR (ADDRESS) **Shepard Funeral Home 1167 Hamilton Avenue**

20. FILED **FEB 6 1939 J. D. Bridick Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feby 5 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 4, 1938 to 2-5, 1939**

I last saw her alive on **2-4, 1939**. Death is said to have occurred on the date stated above, at **3 P** m.

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

Myocarditis Chronic

Date of onset

Other contributory causes of importance:

Name of operation **none** 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? **no**

If so, specify **Dr. J. H. Shumaker**, M. D. (Signed) **4981 Shumaker** (Address)

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, _____, Licensed Embalmer No. _____

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)