

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

17154  
Do not use this space.

DEC'D JUN 12 1939

1. PLACE OF DEATH

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

(b) Township..... Primary Registration District No..... **1008**

(c) City Saint Louis (d) Street No. St/ Anthony 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Winifred Stanton (Conroy)

(a) Residence, No. 5508 Rosa St. **2** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas R. Stanton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 21 1903</u>				
7. AGE YEARS <u>36</u>	MONTHS <u>3</u>	DAYS <u>1</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>			
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN) <u>Saint Louis</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Dominic Conroy</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Saint Louis</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Winifred Frayne</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Saint Louis</u> (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Thomas R. Stanton</u> (ADDRESS) <u>5508 Rosa Avenue</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Galvary Cemetery</u> DATE <u>5-25</u>				
19. FUNERAL DIRECTOR <u>Thos J Frayne</u> (ADDRESS) <u>1519 South Grand Boulevard</u>				
20. FILED <u>J. B. Brubaker</u> 19 <u>1939</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>5/22/39</u>
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....	
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at <u>11:30</u> a.m.	
The principal cause of death and related causes of importance were as follows: <u>Fracture of spine</u> <u>Right tibia fracture</u> <u>apparent when deceased fell from window of her home to ground on April 27, 1939 about 7:30 p.m.</u> Other contributory causes of importance: <u>None known to ground</u>	
Name of operation.....	<u>Accident</u> Date of <u>4/27/39</u>
What test confirmed diagnosis?.....	Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>Accident</u> Date of injury <u>4/27, 1939</u> Where did injury occur? <u>St. Louis</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>	
Manner of injury.....	Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Joseph McQuinn</u> (Address) <u>Deputy Coroner</u>	

**MAY 24 1939**

(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.

I X12004  
50107-240-37

**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 Thomas J. Fisher  
Licensed Embalmer No. 1197

**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.)**