

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

20641
Do not use this space.

1. PLACE OF DEATH
 (a) County 1 Registration District No. 201
 (b) Township 1008
 (c) City St. Louis (d) Street No. Isolation 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME: Dorothy Condon
 (a) Residence, No. 2806 Caroline St. 22 (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*) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 29, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>4</u>	<u>2</u>	<u>20</u>	

OCCUPATION

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS
 (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME HAROLD CONDON
 14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME Dorothy Swope
 16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) MISSOURI

17. INFORMANT B. BUTTENUTH
 (ADDRESS) 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE 6/22/39

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co
 (ADDRESS) 2201 S. Grand Bl.

20. FILED JUN 20 1939 J. B. Beckwith
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 18, 1939

22. I HEREBY CERTIFY That I attended deceased from JUNE 18, 1939 11 PM to JUNE 18, 1939 2:25 PM
 I last saw h. R.R. alive on JUNE 18, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Meningoencephalitis
Meningococcal
epidemic
 Date of onset 18

Other contributory causes of importance:
Meningitis
Meningococcal epidemic

Name of operation Date of
 What test confirmed diagnosis? 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? Isolation Hospital (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 See Dr. Baptista M. D.
 (Signed) Isolation Hosp.
 (Address) Isolation Hosp.

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.

WHILE LIVING, WITH CORPSES IMMEDIATELY AFTER DEATH. THIS IS A PERMANENT RECORD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.)

If this body is not embalmed, above space should be left blank.