DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34383

Registration District No. 1008 791 Primary Registration District No. _____ Registrar's No. 8921

REC'D NOV 13 1939

1. PLACE OF DEATH:
(a) County: Mo.
(b) City or town: ST LOUIS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOHNS. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: _____
(c) City or town: UNIVERSITY CITY. NR
(If outside city or town limits, write "RURAL")
(d) Street No.: 6621 BARTMER ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME: CHARLES. CONROY. 560
3. (b) If veteran, name war: _____
3. (c) Social Security No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWER
6. (b) Name of husband or wife: BRIDGET CONROY.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: DEC (Month) 25. (Day) 1872 (Year)

8. AGE: Years 66. Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace: Ky. (City, town, or county) _____ (State or foreign country)
10. Usual occupation: PRIVATE WATCHMAN
11. Industry or business: LESSER-GOLDMAN R.E. Co.
FATHER 12. Name: MICHAEL CONROY.
13. Birthplace: IRELAND. (City, town, or county) 5 (State or foreign country)
MOTHER 14. Maiden name: MARY DUDDY
15. Birthplace: IRELAND. (City, town, or county) 5 (State or foreign country)
16. (a) Informant's own signature: Mary Conroy
(b) Address: 6621 BARTMER. AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT (Month) 21 (Day) 1939 (Year)
(c) Place: burial or cremation: CALVARY.
18. (a) Signature of funeral director: L. M. Mullen
(b) Address: 5165 DELMAR BLVD.
19. (a) OCT 20 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1939 hour 4:30 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 18, 1939, to Oct 19, 1939; that I last saw h. alive on Oct 18, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	3 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: E. H. Bowlin (M. D. or other)
Address: 710 Theatre Bldg. Date signed 10-19-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 6-17-39 I X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Howard J. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.