

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.

JAN 12 1940

Registration District No. **201**

Primary Registration District No. _____

Registrar's No. **10730**

1. PLACE OF DEATH: **St. Louis Mo**
 (a) County **St. Louis Mo** 1
 (b) City or town _____
 (c) Name of hospital or institution: **City 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) **5 1/2**

3. (a) PRINT FULL NAME **MARY A HAYDEN CONKLIN**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
 6. (b) Name of husband or wife **John Conklin** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **6-10-1875**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **5** If less than one day hr. **17** min _____

9. Birthplace **St. Louis Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business _____

12. Name **HENRY HERRIGAN**

13. Birthplace **Ireland**
 (City, town, or county) (State or foreign country)

14. Maiden name **MARY HERRIGAN**

15. Birthplace **New York**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **McKellin Fitzgerald**

(b) Address **4829 1/2 Nat'l Bldg**

17. (a) **Burial** (b) Date thereof **DEC 16 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Pk Cem**

18. (a) Signature of funeral director **Sullivan**

(b) Address **2849 Nat'l Bldg**

19. (a) **DEC 16 1939** (b) _____
 (Date compiled local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **1**
 (c) City or town **St. Louis** 7
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4829 1/2 Nat'l Bridge**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **15**
 year **1939** hour _____ minute **30 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the _____ and hour of _____ above

Immediate cause of death **2nd Degree Burns of Entire Body**

Due to **Suffered when deceased**

Due to **Built fire of paper on the**

Basement of his home 4829 1/2

Nat'l Bldg on Dec-2, 1939

(Include pregnancy within 3 months of death)

at about 3:20 A.M. while

Major findings: **Suffering from a mental**

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **12-2-39**

(c) Where did injury occur? **St. Louis Mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **John M. Sullivan** (M. D. or other)
 Address **Deputy Coroner** Date signed _____

Underline the cause to which death should be charged statistically.

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 me
....., Registered Apprentice No. 2077
working under my personal supervision.

Signed AL Mayfield
Licensed Embalmer No. 2077
P. O. Address.....

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.