

JAN 12 1939
Registration District No. 75

Primary Registration District No. 6020-A

State File No. _____

Registrar's No. 88

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 42 years
years, months or days

3. (a) PRINT FULL NAME WALLACE A. CONRAD
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-03-1460

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Conrad 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July 15 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Traffic Mgr. C. St. Joseph Lead Co.

11. Industry or business St. Joseph Lead Co.

12. Name W. A. Conrad

13. Birthplace Kennett Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary O'Connor

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

16. (a) Informant's own signature Hazel Conrad
(b) Address Bonne Terre Mo.

17. (a) Burial (b) Date thereof Dec 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Catholic Church
18. (a) Signature of funeral director Benjamin St. Louis
(b) Address 313 Benham St. Bonne Terre

19. (a) Dec. 19, 1939 (b) M. W. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Fite
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th
year 1939 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 12-15-, 1939, to 12-17-, 1939;
that I last saw him alive on 12-17-, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 da.

Due to _____
Due to 9410

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. W. Roehrer (M. D. or other) MD
Address Bonne Terre, Mo. Date signed 12/18/39

MARGIN RESERVED FOR BINDING

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.

FORM 5-17-39
Rev. 5-17-39
V. B. Co. 2.
U. S. G. P. 1 X1931

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.....

C. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address *Bonnet Street 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.