DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2783

FILED FEB 5 1940

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Valley Park Route 1 Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Valley Park Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mary Conrad 563
3. (b) If veteran, name war
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 8 (Day) 1879 (Year)

8. AGE: Years 69 Months 9 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Rock Creek Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Wendel Diehl
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kate Suefall
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature X John P. Conrad
(b) Address Valley Park Route 1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kenneth Mack
(b) Address Fenton Mo.
19. (a) Jan 21st 1940 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1940 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from Jan 15, 1940, to Jan 18, 1940, that I last saw her alive on Jan 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	4 days
Due to Chronic Myocarditis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 97C	

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 Andrew Youngman (M. D. or other)
Address Dappington Mo Date signed 1/20/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

1 X19511

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 Kenneth W Koch

Licensed Embalmer No. 3047

P. O. Address Fenton Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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