

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

3829

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT
FULL NAME

Baby Conrad

563

8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

Apr. 26 1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

0

18 hr.

min.

9. Birthplace

St. LouisMo.A

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Eugene L. Conrad13. Birthplace St. LouisMo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Eva. L. Pickard15. Birthplace St. LouisMo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

E. L. Conrad

(b) Address

5626 Rosa Ave17. (a) Burial

(b) Date thereof

4-29-40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Bellefontaine Cem.

18. (a) Signature of funeral director

Drehmann-Harral(b) APR 29 19401905 Union Blvd.19. (a) _____
(Date received local registrar)

(b)

J. J. Braddock
(Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
 (c) City or town St. Louis 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5626 Rosa Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27
year 1940 hour 12 minute 15 P. M.21. I hereby certify that I attended the deceased from April 26,
1940, to April 27, 1940that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Premature birth

Duration

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 sta-
tistically

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)

Means of injury _____

23. Signature James J. Duvall M.D. or other _____Address 1927 1/2 UnionDate signed 4/29/40

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.....

Licensed Embalmer No.....

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.