

Registration District No. **760B**

Primary Registration District No. **6001**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **St. Charles**  
(b) City or town **St. Fallon, Missouri.**  
(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 **3**  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **John L. Conlin** **545**  
3. (b) If veteran, name war No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lillie Corlin** 6. (c) Age of husband or wife if alive **33** years  
7. Birth date of deceased **Oct. 27, 1898**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **6** Days **29** If less than one day hr. min.

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

10. Usual occupation **Concrete worker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Conlin**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Laura MOSS**  
15. Birthplace **Cuba** **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Bare**  
(b) Address **4531a Wichita Ave.**

17. (a) **Burial** (b) Date thereof **May 29, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Rolla, Mo.**

18. (a) Signature of funeral director **Craig Wadsworth Co**  
(b) Address **St. Louis Mo.**

19. (a) **May 27, 1940** (b) **G. A. Keithley**  
(Date received from registrar) (Registrar's signature)

**6001** (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Saint Louis**  
(If outside city or town limits write "RURAL")  
(d) Street No. **4253 Vista Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**  
year **1940** hour **9:30** mi **AM** M.

21. I hereby certify that I attended the deceased from **held Inquest May 27, 1940**, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured cervical vertebrae as result of collision between auto truck & C.B.&Q. streamlined train.**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **206 M**

Major findings: Of operations **none**  
Of autopsy **External Physical Examination**  
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) **accident**  
(b) Date of occurrence **May 26, 1940**

(c) Where did injury occur? **near Peruque, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on C.B. & Q. RR Right of way**  
(Specify type of place) (e) Means of injury **Collision**  
While at work? **?**

23. Signature **John H. Swan** (Date) **4/11/40**  
Address **Coroner, St. Charles County, Mo.**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 1944

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 Apprentices No.....  
working under my personal supervision.

Signed.....

*E. Kerthly*

Licensed Embalmer No..... *822*

P. O. Address..... *Fallon 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.