

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
708 Dover Pl.,
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 708 Dover Pl. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ROBERT E. CONRAD **563**

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Conrad 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 1, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business unemployed five years

12. Name John Conrad

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Angeliqne L'Ange

15. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Conrad

(b) Address 708 Dover Pl.

17. (a) Burial (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cem.

18. (a) Signature of funeral director Southern Funeral
(b) Address 6322S. Grand Blvd.

19. JUN 8 1940 (Date received local registrar) (b) J. T. Tredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1940 hour _____ minute 3 p. M.

21. I hereby certify that I attended the deceased from June 2, 1940 to June 6, 1940
that I last saw him alive on June 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis.

Due to the Myocarditis arteriosclerosis

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration

2 days

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) none

(b) Date of occurrence _____

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

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

23. Signature Max Starbloff (M. D. or other) _____
Address 512 Dowd Place Date signed 6/7/40

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

MOTHER FATHER

Dr. Starkloff
512 Dower

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..... *Virgil L. Berryman*
Licensed Embalmer No. *14018*
P. O. Address..... *St. Louis 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.