

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5162

1. PLACE OF DEATH:

(a) County 9

(b) City or town St. Louis.

(c) Name of hospital or institution:  
3660 Minnesota Ave.

(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether)

In this community \_\_\_\_\_  
years, months or (days)

3. (a) PRINT FULL NAME Margaret J Conrad 5/23

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Julius Conrad

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

7. Birth date of deceased Aug. 21 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>21</u>	hr. <u>0</u> min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

MOTHER FATHER { 12. Name William Gorman

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

14. Maiden name Anastasia Grace

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

16. (a) Informant's own signature Carl Conrad

(b) Address 3660 Minnesota Ave.

17. (a) Burial (b) Date thereof June 14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SunSet Burial Park

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 2906 Gravois Ave.

19. (a) JUN 12 1940 (b) J. F. Bredeck  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis. 24  
(If outside city or town limits, write "RURAL")

(d) Street No. 3660 Minnesota Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th  
year 1940 hour 3 15 P M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him alive on June 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration \_\_\_\_\_  
Cardio-vascular dis. 1 1/2 yrs  
Due to arteriosclerosis 1 1/2 yrs

Other conditions Arteriosclerosis Coronary  
(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. Signed Edw. J. Gorman (M. D. or other) \_\_\_\_\_  
Address 2924 S. Grand Date signed 6/12/40

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.

**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.....

*Leo Budde*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Leo Budde*

Licensed Embalmer No. *3989*

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.**