

Registration District No. 784 Primary Registration District No. 200 State File No. _____ Registrar's No. 1135

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Creve Coeur
(c) Name of hospital or institution Graeser Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)
In this community 563 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Graeser Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 52 years years.

3. (a) PRINT FULL NAME PETER CONRATH
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m
7. Birth date of deceased Mar. 10 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1940, to June 12, 1940 that I last saw him alive on June 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myo carditis Duration _____

8. AGE: Years 74 Months 3 Days 2 If less than one day hr. _____ min. _____

Due to 131
Due to _____

9. Birthplace Kundersburg Europe
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer 7

Other conditions nephritis chr.
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business self
12. Name Conrath 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Emil J. Conrath
(b) Address 9-N-6th St. St. Louis Mo.
17. (a) Burial (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

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? _____

18. (a) Signature of funeral director Baumann
(b) Address 250 E. Woodson Rd - Overland Mo.
19. (a) JUN 14 1940 (b) W. H. Meyer
(Date received local registrar's certificate) (Registrar's signature)

23. Signature R. B. Wemy (M. D. or other) _____
Address Creve Coeur Mo. Date signed 6-14-40

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

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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 *Ed Miller*.....

Licensed Embalmer No. *3501*.....

P. O. Address *Greentown, Missouri*.....

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, fact should be so stated above.