

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

JUL 15 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1099

1. PLACE OF DEATH:

(a) County St. Louis 3
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 1 day
 years, months or days)

3. (a) PRINT FULL NAME CONRAD, John W. 5133. (b) If veteran, name war World 3. (c) Social Security No. None4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if divorced Divorced alive _____ years7. Birth date of deceased February 18 1895
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
45 3 8 hr. _____ min.9. Birthplace East St. Louis, Illinois 1
(City, town, or county) (State or foreign country)10. Usual occupation Clerk 711. Industry or business Unknown 712. Name Unknown 918. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Gov. records(b) Address U. S. V. A. Facility, Jeff. Bks.17. (a) East St. Louis, Mo Date thereof June 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation East St. Louis, Mo18. (a) Signature of funeral director Francis J. Jahn(b) Address Madison19. (a) JUN 8 - 1940 (b) D. K. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County East St. Louis
 (c) City or town Illinois
 (If outside city or town limit, write "RURAL")
 (d) Street No. 801 St. Clair 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 8
year 1940 hour 2:40 P. Minute _____ M.21. I hereby certify that I attended the deceased from June 7, 1940
_____ 19____ to June 8 _____ 1940;that I last saw him alive on 6-8-40 _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic heart disease, with cardiac enlargement, myocardial damage & severe myocardial insufficiency.
 Due to insufficiency.

Due to _____

Other conditions 93d1
(Include pregnancy within 3 months of death)Major findings: No operation performedOf operations _____
Of autopsy No autopsy performed

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? 707 (Specify type of place)
Means of injury Curthughes23. Signature C. W. Hughes Chief (M. D. or other) 1
Medical officer, U. S. V. A. Facility
Address Jefferson Barracks, Mo. Date signed _____

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

6

Do Not 22900

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

Francis J. Lakey

Licensed Embalmer No.

2792

P. O. Address

Madison Ill.

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.

Lahey Funeral Home

Tri-City 222

501 Madison Avenue

Tri-City 1056

Josephine Curry, Statistician,
St. Louis County Health Department,
Clayton, Mo.

Dear Madam:

In reply to your letter of June the 10th,
asking for the Social Security number of John W.
Conrad, we were informed by his family that he has
not been employed since 1936 and does not have a
Social Security number.

JL/ML

Very truly yours,

LAHEY FUNERAL HOME.

PER

Francis J. Lahey

S-22900