

AUG. 25 1940 791
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4831 Bessie Ave., 2
(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) (Specify whether

3. (a) PRINT FULL NAME WILLIAM T. CONKLIN 524

3. (b) If veteran, name war no 3. (c) Social Security No. 489-10-8053

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lillian Conklin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 15 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Brown Station Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Columbia Terminals Co

MOTHER FATHER { 12. Name not known ?
13. Birthplace not known ?
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Garst

(b) Address 4831 Bessie

17. (a) burial (b) Date thereof July 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director A. Kraus & Co.

(b) Address 2707 North Grand Bl

19. (a) July 25-1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4831 Bessie
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 2 minute 55 pm.

21. I hereby certify that I attended the deceased from Jan 7 1938 to July 23 1940
that I last saw him alive on July 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 6 yrs

Due to _____

Due to _____

Other conditions Decompensation 2 mo.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. Signature A. F. Lerner (M. D. or other) 140
1259 N. Kingshighway Blvd State signed 7-24-40

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

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

Paul F. Knollenberg

Licensed Embalmer No. *2691*

P. O. Address *2807 N. Shaw*

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.