

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37131**  
Registrar's No. **9404**

Registration District No. **7917**

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 town)  
(c) Name of hospital or institution: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
In this community **17 years**  
(Specify whether years, months or days)

FILED DEC 11 1940

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. **5915 Washington Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **CHARLES EVERETTE CONDON**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **108-18-7899**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Margaret E.**  
6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **April 4 1878**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **7** Days **10**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Waverly Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Locomotive Engineer**

11. Industry or business **Chi. & Eastern Ill. R.R.**

12. Name **Jacob York Condon**

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

14. Maiden name **Alice Corwine**

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

16. (a) Informant's own signature **Mar. E. C. Condon**

(b) Address **5915 Washington**

17. (a) **burial** (b) Date thereof **11/16/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander & Sons**

(b) Address **6175 Delmar Blvd.**

19. (a) **NOV 16 1940** (b) **J. J. [Signature]**  
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov 15** day **Nov**  
year **1940** hour **5 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov 1**  
\_\_\_\_\_, 1928, to **Nov 15**, 1940  
that I last saw him alive on **Nov 15**, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**  
Due to **High blood pressure** **15 yrs.**

Due to \_\_\_\_\_  
Other conditions **Chronic Bronchitis** **10 yrs.**  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: Of operations **0**  
Of autopsy **0**  
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)  
(a) Means of injury \_\_\_\_\_

23. Signature **J. J. [Signature]** (M. D. or other) \_\_\_\_\_  
Address **4403 Delmar** Date signed **Nov 16/40**

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.

57-5-3  
8-11-11

**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 James Binsley  
Licensed Embalmer No. 3653  
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.**