No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 835

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 835

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3801 Kennerly Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000

(c) City or town: St Louis 1117
(If outside city or town limits, write "RURAL")

(d) Street No.: 3801 Kennerly Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years. 8

3. (a) PRINT FULL NAME: EDWARD CONWAY

3. (b) If veteran, name war: [redacted]

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Clara Conway

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Mar 23, 1889
(Month) (Day) (Year)

8. AGE: Years: 51 | Months: 10 | Days: 1 | If less than one day: ____ hr. ____ min.

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

10. Usual occupation: Automobile Dealer

11. Industry or business: Unemployed

MOTHER FATHER

12. Name: William Conway

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

14. Maiden name: Unknown

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

16. (a) Informant: Clara Conway

(b) Address: 3801 Kennerly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 29 1941
(Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: J. J. Cullen

(b) Address: 1709 Union Blvd

19. (a) JAN 26 1941 (Date received local registrar) (b) J. J. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd year 1941 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from December 14 1940, 19__ to January 24 1941, 19__ that I last saw him alive on January 24, 1941, 19__ and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	???
Due to: Cardio-vascular-renal Disease	???
Due to:	
Other conditions (Include pregnancy within 3 months of death): 131 b	
Major findings: Of operations: 131	
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? (Specify type of place)

While at work: (e) Means of injury:

23. Signature: Bernard L. Stotte (M. D. or other)

Address: 3362 Lafayette St Date signed 1-25-41

(Licensed Embalmer's Statement on Reverse Side)

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

S-1-4-2-03-0-2-8-9

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.....

Licensed Embalmer No. 1591

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.