

FILED MAR 17 1942

State File No.

1663

Registration District No.

Primary Registration District No.

Registrar's No.

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
In this community Admitted Feb. 21, 1942 at 2 P.M.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County NY
(c) City or town Shillong Assam India
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? Yes
If yes, name country British Subject

3. (a) PRINT FULL NAME

Michael P. Conroy

(b) If veteran, name war.....

(c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Baby

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

7. Birth date of deceased. August 26 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 26 hr. min.

9. Birthplace Calcutta India
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Lt. Colonel Martin P. Conroy

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

14. Maiden name Jane F. Quinn

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

16. (a) Informant Jane Quinn

(b) Address 1604 Burd Avenue

17. (a) Burial (b) Date thereof 2-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1225 Union Blvd.

19. (a) FEB 21 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1942 hour 4:20 minute A.M.

21. I hereby certify that I attended the deceased from Feb 20-21
1922 to Feb 22 1922
that I last saw him alive on Feb 21st
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-Enteritis
Duration 2 days

Due to Anhydremia 1 day

Due to Convulsions 4 hrs

Other conditions (Include pregnancy within months of death)

Major findings: Of operations [Signature]

Of autopsy no gross pathology
Best exam incomplete

22. If death was due to external causes, fill in the following: no

(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 Jules B. Brady (M. D. or other)

Address 1467 Union Ave Date signed.....

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically

1911

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 Bernard C. J. Stuart
Licensed Embalmer No. 3500
P. O. Address 1295 Union, Wash.

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.