

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 100

Primary Registration District No. 100

Registrar's No. 1198

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EN ROUTE TO JEFF BAKS HOSP 3  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 009

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9

(d) Street No. 7138 ALABAMA (If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK E. CONNER.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 48-12-5298

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 11:30 minute A M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCES 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased JULY 1 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

Due to Arteriosclerosis of coronary arteries; Extreme fibrosis of heart muscles; Hypertrophy and dilatation of heart.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation CONSTRUCTION FOREMAN

11. Industry or business ROAD WORK

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name EDH. CONNER

{ 13. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARY BALDWIN

{ 15. Birthplace SPARTA TENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thurgood Conner

(b) Address 7138 Alabama - Ca

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? \_\_\_\_\_

17. (a) BURIAL (b) Date thereof May 30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Essing

18. (a) Signature of funeral director J. P. Funder

(b) Address 712 Michigan St

19. (a) MAY 28 1942 (b) J. M. [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature Louis H. [Signature] (Specify type of place) 3  
(e) Means of injury \_\_\_\_\_

Address Kirkwood, Mo. 5/28/42 Date signed \_\_\_\_\_

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

7600

W. J. [Signature]

et.

JUN 29 1942

7733 Forsythe

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 *Harry J Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Forsythe*

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.

JUN 29 1942