

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22364**
Registrar's No. **1373**

FILED JUN 19 1943
Registration District No. **27**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Overland**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2513-A Woodson Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Overland** **96**
(If outside city or town limits, write "RURAL.")
(d) Street No. **2513-A Woodson Road** **12**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Nellie F. Conway**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **David P** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **June 6 1881**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **4** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Patrick Ryan**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Kennedy**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **David P. Conway**
(b) Address **2513-A Woodson Overland**
17. (a) **Burial** (b) Date thereof **6-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cem**

18. (a) Signature of funeral director **Blumstein Bros Inc.**
(b) Address **2504-Woodson Rd Overland**
19. (a) **JUN 14 1943** (b) **C. V. McKeane, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1943** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **June 10** to **June 10** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**

Due to **morning R. cerebral** **10**
Due to **hemiparesis on** **7**
San Diego Laft side **7**
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **83M**
Of autopsy

Duration

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?

23. Signature **C. V. McKeane, M.D.** (Specify type of place) **5**
Address **9321 Midland** (M. D. or other) **6-11-43**
Date signed **6/11/43**

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.....

W. G. Peterson

Licensed Embalmer No.....

3767

P. O. Address.....

Overland 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, fact should be so stated above.