S. No. 2
I—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22878

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6567

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(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 Illinois (b) County Randolph 994

(c) City or town Modoc 11 NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Edgar Conner

3. (b) If veteran, name war None

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 Louise Conner

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 23 (Day) 1892 (Year)

8. AGE: Years 51 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Prairie DuRocher (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name William H. Conner
13. Birthplace Evansville (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Constance Rozier
15. Birthplace Ste. Genevieve, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Louise Conner
(b) Address Modoc, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Red Bud, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) JUL 20 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/4/43, 19 to 7/18/43, 19 that I last saw him alive on 7/18/43, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 mon
Due to	
Due to	
Other conditions Cerebral embolism (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy Large infarct heart + intra mural thrombus

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 [signature] (M. D. or other)
Address Humboldt Bldg Date signed 7/20/43

(Licensed Embalmer's Statement on Reverse Side)

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.....2971

P. O. Address.....

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.