

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **4340 Lee Ave.**  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(d) Street No. **4340 Lee Ave.**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ellen G. Conway**  
3. (c) Social Security name war \_\_\_\_\_ No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **15th**  
year **1943** hour **3** minute **20 P.**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Mr. Dominic Conway**  
6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **March 5th 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **7** Days **10**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Coronary Occlusion Arteriosclerosis**

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

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

10. Usual occupation **Housewife**

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

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name **Dominic Flannagan**

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

14. Maiden name **Mary (unknown)**

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

16. (a) Informant **Mr. Dominic Conway, husband**  
(b) Address **4340 Lee Avenue**

17. (a) **burial** (b) Date thereof **10-18-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Calvary Cemeter**

18. (a) Signature of funeral director **Sullivan Brothers**

(b) Address **2849 No. Euclid Ave.**

19. (a) **Oct 16 1943** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signed **Alfred J. Perry** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **10/18/43**

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

MOTHER FATHER

**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.....

*Albert J. Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis, 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.**