

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

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether \_\_\_\_\_)  
In this community 10 years  
years, months or days)

8. (a) PRINT FULL NAME HELEN CONRAD

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 489-01-7063

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 24, 1896  
(Month) (Day) (Year)

8. AGE: Years Months 2 If less than one day 25  
47 1 hr. \_\_\_\_\_ min.

9. Birthplace Springfield, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business Small Arms Plant

12. Name Emil Conrad

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

14. Maiden name Blinda Horn

15. Birthplace Dayton, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Conrad

(b) Address Belleville, Ill.

17. (a) Removal (b) Date thereof 1/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director J. F. Bredeck  
(b) Address Belleville, Illinois

19. (a) JAN 17 1944 (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL") N.R.  
(d) Street No. 6216 Derby  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/31/43 19 to 1/15/44 19  
that I last saw him alive on \_\_\_\_\_ 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia (aplastic)  
Due to Unkown origin  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 172

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Swamp bone marrow toxic changes  
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) no  
(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 J. F. Bredeck (M. D. or other) Reg  
Address Wentworth Bldg Date signed 1/15/44

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**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.

**Body not embalmed.**

Signed..... *Chas Gardner* .....

Licensed Embalmer No.....

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, above space should be left blank.**