

FILED JUN 24 1946

Registration District No. 377

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 Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3820 Nelson Drive
(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 Missouri (b) County St. Louis 9/6
(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3820 Nelson Drive 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence C. Conrad

3. (b) If veteran, name war None 3. (c) Social Security No. 327-03-2852

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna M. 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Oct 29 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 18 hr. 9 min.

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

10. Usual occupation Department Manager

11. Industry or business Armour Packing Co.

MOTHER { 12. Name Peter Jasper Conrad 7
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name Fannie C. Rice
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edna M. Conrad
(b) Address 3820 Nelson Drive

17. (a) Burial (b) Date thereof June 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Provost Und. Company

(b) Address 3710 N. Grand Avenue

19. (a) 6-19-46 (b) E.S. McSweeney, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 17
year 1946 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from Mar 2, 1940, to June 17, 1946
that I last saw him alive on June 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerosis

Due to 94-a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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. Signature Wm Becke (M. D. or other) _____
Address 3720 Washington Date signed 6/18/46

Table with 2 columns: Duration, Physician. Duration: 6 yrs. Physician: _____

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 VE Morris

Licensed Embalmer No. 3360

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.