

S. No. 2  
OM-5-43  
rv. 5-17-39  
I X36671

State File No. 24878  
Registrar's No. 1166

**FILED** JUL 22 1946  
Registration District No. 577

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 Jennings  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7036 Garesche Pl  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings  
(If outside city or town limits, write "RURAL")

(d) Street No. 7036 Garesche Pl  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Kenneth Conklin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-12-2761

4. Sex Male 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 February 26 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

23	4	13	hr. min.
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9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant Marine

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

MOTHER FATHER { 12. Name Roscoe Conklin

{ 13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Norma Vanderlippe

{ 15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Roscoe Conklin

(b) Address 7036 Garesche Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Nat. Bldg Blvd

19. (a) 7-12-46 (Date received local registrar)

(b) Ed M. Gamm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1946  
1946 to July 9 1946

that I last saw him alive on July 9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Calumny Embolism Duration 3 hr

Due to Chronic Bronchitis 1 year

Due to 1060

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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)

Home while at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ed M. Gamm Date signed 7-11-46

Address 602 E. Broadway

1030/12/11/01

**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 John A. Mlinar  
Licensed Embalmer No. 4186  
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.**