

No. 2  
M-5-43  
v. 5-17-39  
I X3687

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28554**  
Registrar's No. **6852**

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

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. Louis City Hospital-Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
(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**  
**3210 So. 9th St.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Memorial** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MARY CONROY**  
(b) If veteran, name war..... (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug.** day **3rd**  
year **1946** hour **2:55** minute **P** M.  
21. I hereby certify that I attended the deceased from **7/21/46**  
to **8/3/46**, 19....., to **8/3/46**, 19.....;  
that I last saw h **er** alive on **8/3/46**, 19.....;  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Edward Conroy**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **August 1 1879**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Diabetes mellitus**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**67 0 2** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Unknown**

12. Name **Charles Alfred**  
13. Birthplace **Mar Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary F. Baker**  
15. Birthplace **Enfield Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Lou Conroy**  
(b) Address **3201 S. 9th St.**

17. (a) **Burial** (b) Date thereof **8/6/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crocker, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **1700 Washington**

19. (a) **AUG 5** (b) **J. F. Briedeck**  
(Date received from Registrar) (Registrar's signature)

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?

23. Signature **W. S. F. J. Gerald** (Specify type of place) **0**  
**1515 Lafayette** (e) Means of injury.....  
Address Date signed **8/5/46**

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

27332

000  
17  
249  
12

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

---

**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 G. Happe* .....

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.**