S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 14950

Registrar's No. 2865

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:
City Hospital #1. 0
(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 Mo. (b) County 5 1000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6112A Bartmer Ave., 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Carol Frey Conklin.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Ewing Conklin

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Oct. 18, 1928.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
18	5	24	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Loyd Frey
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Doris Rodgers
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Doris Frey
(b) Address 6112A Bartmer Ave.,

17. (a) Burial (b) Date thereof April 14/47.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) APR 13 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour ~~6.04~~ 5 minute 47 P.M. M.

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

Immediate cause of death General Peritonitis following septic abortion whether self induced or performed by one Della Ungar around 11:00 a.m. April 1st 1947 at 6803 Bartmer Ave. or party or parties unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)
Not to be definitely determined

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) Jan Verdict
(b) Date of occurrence April 1 1947 1000
(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?
Anstate
(Specify type of place)
While at work? (e) Means of injury 5 above

23. Signature Patrick T. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 4-13-47

(Licensed Embalmer's Statement on Reverse Side)

CITY CORONER

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.