

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39533**
Registrar's No. **11117**

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

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:
3303 A. Pine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 32 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3303 A. Pine St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lula Conley
3. (b) If veteran, name war no 3. (c) Social Security No. no Card
4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George W. Conley 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept. 11, 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 1 st. year 1947 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 22, 1947, to November 30, 1947; that I last saw her alive on November 30, 1947; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>2</u>	<u>20</u>	hr. min.

Immediate cause of death Hemorrhage
Due to Squamous Cell Carcinoma of Scalp x Neck.
Due to Primary site-Scalp.

9. Birthplace Harrison Villa, Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 53

11. Industry or business.....
12. Name Richard Young
13. Birthplace Harrison Villa, Ky. (City, town, or county) (State or foreign country)
14. Maiden name Mary Brown
15. Birthplace Harrison Villa, Ky. (City, town, or county) (State or foreign country)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant George W. Conley
(b) Address 3303 A. Pine St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

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?

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.
19. (a) DEC 4 - 1947 (Date received local registrar's) J. F. Brebeck (Registrar's signature)

While at work (Specify type of place) (c) Means of injury.....
23. Signature J. F. Brebeck (M. D. or other) Address 4242 Easton Date signed 12-4-47

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

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address. *1154 Bayard av*

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.