No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28412 OV

FILED SEP 7 1948

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. ~~2008~~ 96

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hosp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 s days
(Specify whether

In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 2

(c) City or town Clayton 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7563 Oxford Drive 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herbert Douglas Condie

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Salle C. K. Condie

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 17 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	7	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Insurance

FATHER
12. Name Thomas Douglas Condie
13. Birthplace Philadelphia, Pa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Clara Husted
15. Birthplace Philadelphia, Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Condie

(b) Address 7563 Oxford Drive

17. (a) burial (b) Date thereof Aug. 26/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) 8-25-48 (b) Cecil A. Z. Sharp, M.D. (B.H.)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1948 hour 8: minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 21, 1948 to Aug 24, 1948;
that I last saw him alive on Aug 24, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure associated with coronary disease

Due to and arteriosclerotic heart disease

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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)

While at work? (e) Means of injury 1

23. Signature Thomas C. Bridges (M. D. or other) M.D.

Address 4660 Maryland Date signed 8/25/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCullock

Licensed Embalmer No. 2460

P. O. Address 6126 Delmar

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.