

FILED DEC 8 1948

318

Registration District No. _____ 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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3968 St. Ferdinand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Conway

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10, 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Frank Conway, Sr.

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roberta Blanks

(b) Address 3968 St. Ferdinand Avenue

17. (a) Burial (b) Date thereof Dec 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director E. B. Koonce

(b) Address 1221 North Grand Bldg.

19. (a) NOV 30 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov. 13, 1948, to Nov. 26, 1948
that I last saw him alive on Nov. 26, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease; Probable Carcinoma of the Mandible Duration Undet.

Due to _____
Due to H2O

Other conditions Uremia and Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury →
23. Signature Oliver F. Daniels (M. D. or other) _____
Address 2601 N. Whittier Date signed 11/29/48

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed Richard J. Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Myrtle

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.