S. No. 2
M—5-43
5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1948

Registration District No. 3949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 38952

Registrar's No. 2693

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 126 Days (Specify whether years, months or days)

In this community 30 years

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.: 4235 W. Page Boulevard
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: CONLEY, Jesse

3. (b) If veteran, name war: World I

3. (c) Social Security No. 49320 5671

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: --

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

7. Birth date of deceased: February (Month) 2, (Day) 1897 (Year)

8. AGE: Years 51 | Months 9 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: Wesson (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation: Chauffeur

11. Industry or business:

FATHER
12. Name: Mose Conley
13. Birthplace: - (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name: Susie Brown
15. Birthplace: - (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant: Registrar, VA Hospital
(b) Address: Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 23, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: National, Jefferson Barrack

18. (a) Signature of funeral director: Dement & Son Und. Co.,
(b) Address: 2629 Cole St., St. Louis, Mo.

19. (a) 11-19-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1948 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from July 14, 48, to November 17, 19 48 that I last saw him alive on November 17, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Oral carcinoma with metastases.	Unk.
Primary bronchogenic carcinoma.	
Due to: Contributory Cause: Cahexia	
Cachexia	
Due to: 49C	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 10/13/48 Needle Biopsy of prostate

Of autopsy: Autopsy performed (See cause of death)

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): None

(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:

23. Signature: E. C. O'Brien (M. D.)

Address: VA Hosp. Jeff. Bks. Mo. Date signed 11/17/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1948

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 W. Claude Gordon

Licensed Embalmer No. 9489

P. O. Address 4575 Aldine

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.