

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14436**  
Registrar's No. **3760**

BIRTH NO. **3798-50** #110423 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>1200 So. Vandeventer</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DENNIS</b> b. (Middle) c. (Last) <b>CONAWAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 24th, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single (1)</b>	8. DATE OF BIRTH <b>1-18-50</b>
9. AGE (In years last birthday) If under 1 year: Months <b>3</b> Days <b>6</b>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Harvey Conaway</b>	
13b. MOTHER'S MAIDEN NAME <b>Melba Pryor</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harvey Conaway, 1200 So Vandeventer</b>		ADDRESS <b>St. Louis</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital heart disease</b>		b. (b) <b>life</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Autopsy: single ventricle, patent foramen ovale + ductus arteriosus</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>7544</b> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>4/11/50</b> to <b>4/24/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4/24/50</b> , 19 <b>50</b> , and that death occurred at <b>11:30am</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Virginia H. Paden, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Ave.,</b>	
23c. DATE SIGNED <b>4/24/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	
24b. DATE <b>4-26-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stone Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Stone Hill, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Funeral Home Inc.</b>	
DATE REC'D BY LOCAL REG. <b>APR 25 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Fusaler</b>	

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.