No. 300
10-48

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31581

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7672

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY INFIRMANY 5600 ARSENAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2154
d. STREET ADDRESS (If rural, give location): 5600 ARSENAL

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): B.
c. (Last): CONDON

4. DATE OF DEATH (Month) (Day) (Year): AUG 29 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: ARRIL 6-1873
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: THOMAS CONDON
13b. MOTHER'S MAIDEN NAME: NANCY - UNKNOWN
14. NAME OF HUSBAND OR WIFE: MAUD NICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Margaret Kelly
ADDRESS: 2331 Mullanphy

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bowel Obstruction
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anthracosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 570.5

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:15 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 9.11.50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-11-50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: SEP 11 1950
REGISTRAR'S SIGNATURE: J. Blasatis
25. FUNERAL DIRECTOR'S SIGNATURE: Cullen-Kelly
ADDRESS: 4386 Lindell

(Licensed Embalmer's Statement on Reverse Side)

Arnold

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 Studen
at College of Mortuary Science Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph W. Hermann

Licensed Embalmer No. 3791

P. O. Address St. Louis, Mo.

(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.