

No. 300  
10. 48

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3193  
Registrar's No. 137

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4452	
c. LENGTH OF STAY (In this place) 20 years		d. STREET ADDRESS (If rural, give location) 7507 Parkdale Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7507 Parkdale Ave.		d. STREET ADDRESS (If rural, give location) 7507 Parkdale Ave.	

3. NAME OF DECEASED (Type or Print) LURETTA CONROY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 6, 1849		9. AGE (In years last birthday) 101		10. IF UNDER 1 YEAR: Months 10 Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Lebanon, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Andrew Van Horn		13b. MOTHER'S MAIDEN NAME Sally Ann Dilatush		14. NAME OF HUSBAND OR WIFE Edward Conroy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Shirley, Clayton, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dauling		1 yr	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 Feb 7, 1941, to January 16, 1951, that I last saw the deceased alive on January 14, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE P. D. Neugebauer (Degree or title)		23b. ADDRESS 4607 W. Taylor		23c. DATE SIGNED 1-16-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/17/51		24c. NAME OF CEMETERY OR CREMATORY Mortonville Cemetery	
				24d. LOCATION (City, town, or county) (State) Nortonville, Kans.	

DATE REC'D BY LOCAL REG. 1/16/51		REGISTRAR'S SIGNATURE Robert R. Donker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.	
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**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..... *Felix Demand* .....

Licensed Embalmer No. *3034* .....

P. O. Address *Kirkwood mo 27* .....

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.