

FILED APR 4 1955 STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 601

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Afton</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 Mon.</b>		e. STREET ADDRESS (If rural, give location) <b>4320 Wallace Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miller Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>CLARA</b>		a. (First) <b>B.</b> b. (Middle) <b>CONRAD</b> c. (Last) <b>S.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 15, 1874</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John G. Duemler</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth B. Koenig</b>		14. NAME OF HUSBAND OR WIFE <b>Late William Conrads</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Herbert W. Duemler</b> ADDRESS <b>4320 Wallace Ave.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cellulitis &amp; gangrene of buttock</b>		DUPLICATE OF (b) <b>Arterio Sclerosis</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.		DUPLICATE OF (c)			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE) <b>4501</b>	
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 1/29 <sup>1955</sup> to 3/10, 1955, that I last saw the deceased alive on 3/10, 1955, and that death occurred at 11:15A m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Morganford</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>4717 Morganford</b>		23c. DATE SIGNED <b>3/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 14, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			

DATE REC'D BY LOCAL REG. <b>3/11/55</b>		REGISTRAR'S SIGNATURE <b>Herbert W. Duemler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Friegshauser</b> ADDRESS <b>4228 S/Kingshighway Bl.</b>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
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