No. 300
10.48

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

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42903

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3092

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 620 W. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves 4587
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 20 S. Gore

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): ALBERT
c. (Last): CONRAD

4. DATE OF DEATH (Month) (Day) (Year): 12-31-1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-21-1880
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman Retired
10b. KIND OF BUSINESS OR INDUSTRY: Oil Burners
11. BIRTHPLACE (City and State or Foreign Country): Nova Scotia Canada
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James E Conrad
13b. MOTHER'S MAIDEN NAME: Sarah Leslie
14. NAME OF HUSBAND OR WIFE: Helen B Conrad
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. # 1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Dr. M. B. Conrad 941 Bernice

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): 8th Nerve Tumor — INTERVAL BETWEEN ONSET AND DEATH: 3 mos. +

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Convolutional atrophy of brain — 3 mo +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 237X
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?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* Dec. 31, 1955, *that I last saw the deceased alive on* Dec 31, 1955, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James B Jones (Degree or title) MD
23b. ADDRESS: 337 W Lockwood Webster Groves 19 Mo
23c. DATE SIGNED: 1-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 1-3-1956
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis Co, Mo.

DATE REC'D BY LOCAL REG.: 1-2-56
REGISTRAR'S SIGNATURE: Herbert R. Dombe MD
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker-Aldrich Webster Groves Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neville R. Grolwitter

Licensed Embalmer No. 369

P. O. Address 15 W. Lock

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.