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Reg. 16127
SL-9817

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17709**
Registrar's No. **4544**

FILED JUN 1 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN					
b. CITY (If outside corporate limits, write RURAL and give OR township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN SULLIVAN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.				e. STREET ADDRESS (If rural, give location) 300 RUSSELL					
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD			b. (Middle) M.		c. (Last) CONWAY		4. DATE OF DEATH (Month) (Day) (Year) 5-9-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-26-89		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 4 WKS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic			10b. KIND OF BUSINESS OR INDUSTRY Auto Repairing		11. BIRTHPLACE (City and State or Foreign Country) COLLINSVILLE, ILLINOIS			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Conway			13b. MOTHER'S MAIDEN NAME Molly Widuwilt			14. NAME OF HUSBAND OR WIFE Arlie Conway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-1			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED PERITONITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PERFORATION OF CHRONIC GASTRIC ULCER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 DAYS 7 DAYS		
19a. DATE OF OPERATION 5-3-56		19b. MAJOR FINDINGS OF OPERATION Perforated Duodenal Ulcer and Peritonitis						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) (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 5-3-56 , 19__, to 5-9-56 , 19__, and that death occurred at 12:40p m., from the causes and on the date stated above.									
23a. SIGNATURE B. G. RUMER				23b. ADDRESS VA Hospital M.D., 915 N. Grand, St. Louis, Mo.			23c. DATE SIGNED 5-9-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. MAY 10 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helders - 3634 Gravois Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.