

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008262
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 444

15 a/c

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LADUE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ladue</u> <u>44310</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>#1 NASSAU</u>		Length of stay in lb <u>YRS</u>	d. STREET ADDRESS (If outside, give location) <u>#1 Nassau</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RICHARD</u> Middle <u>DANIEL</u> Last <u>CONRAD</u>			4. DATE OF DEATH Month <u>2</u> Day <u>12</u> Year <u>58</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 11, 1919</u>		9. AGE (In years last birthday) <u>38</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>co-owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Busch's Grove</u>		11. BIRTHPLACE (City and state or country) <u>Riverside, California</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LeRoy Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Endine Wallen</u>	
14. NAME OF HUSBAND OR WIFE <u>Marianne Francis Conrad</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW #2 & Korea</u>		16. SOCIAL SECURITY NO. <u>572-01-1162</u>	
17. INFORMANT <u>Marianne F. Conrad</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of colon & abdominal metastases</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>153.8</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 mos.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>OCT 1956</u> to <u>Feb 12, 1958</u> and last saw him alive on <u>Feb 10, 1958</u> Death occurred at <u>8:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Bernard T. Lanfinkel M.D.</u>			22b. ADDRESS <u>457 N. King Highway - St. Louis, Mo.</u>		22c. DATE SIGNED <u>Feb 12, 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2/13/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>C. R. Lupton & Sons - 7233 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>2-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Nerbert R. Donke M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

81

3:00 to 5:00 P.M. U.M.T.

6:00 to 7:00 P.M.

Aug 15 1910

3111 Aug 15 1910

STATEMENT BY LICENSED EMBALMER 7

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 *Clarence H. Mur*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.