

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044096

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-15171615 SL-29683

11542

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11542**

FILED DEC 7 1962

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 28 Days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		c. CITY OR TOWN MOSELLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MYRON CONWAY			First	Middle	Last	4. DATE OF DEATH Month NOVEMBER Day 29 Year 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-14-95	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME FRANK CONWAY			13b. MOTHER'S MAIDEN NAME JOSEPHINE COMBER			14. NAME OF HUSBAND OR WIFE JULIA CONWAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I			16. SOCIAL SECURITY NO.		17. INFORMANT JULIA CONWAY		Address see 2 above		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) PNEUMONIA									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) BRONCHOGENIC CARCINOMA									
DUE TO (c) 162.1									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <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 VA 9:05 PM on 10-22-62		to 11-29-62		and last saw him alive on 11-29-62		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl Reimer</i>				22b. ADDRESS M.D. VAH, ST. LOUIS, MISSOURI			22c. DATE SIGNED 11-30-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC 3, 1962		23c. NAME OF CEMETERY OR CREMATORY NATIONAL, JEFFERSON BARR.		23d. LOCATION (City, town, or county) MO.			
24. FUNERAL DIRECTOR <i>Autos 2906 Parois</i>				25. DATE RECD. BY LOCAL REG. DEC. 1 - 1962		26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i>			

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 *Robert J. Thompson*

Licensed Embalmer No. *1801*

P. O. Address *St. Louis 19, Mo*

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.