

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

00
17
9

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 7 wks. (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94 7328

(a) State..... Missouri (b) County..... St. Francois
 (c) City or town..... Cantwell (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... / (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Fred Benton Conway
 3. (b) If veteran, name war..... no
 3. (c) Social Security No..... none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: October 5 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 23 hr. min.

9. Birthplace Iron Dale, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER FATHER { 12. Name John Conway
 13. Birthplace Potosi, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Brent
 15. Birthplace Potosi, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Euel Conway

(b) Address Desloge, Missouri

17. (a) Burial (b) Date thereof 9/2/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) SEP (b) J.F. Breduck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
 year 1942 hour 2 minute 50 P. M.
 21. I hereby certify that I attended the deceased from July 10
1942 to August 28 1942
 that I last saw h. alive on August 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of sigmoid i
extensive metastases
 Due to hypostatic pneumonia
 Due to Benign prostatic hypertrophy
Arterio sclerosis - generalized
 Other conditions.....
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations Carcinoma involving peritoneum
Benign prostatic hypertrophy
 Of autopsy Carcinoma of sigmoid
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature C. Parker Mueller (M. D. or other) M.D.

Address BARNES HOSPITAL Date signed 8-28-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Walter G Burnley*
Licensed Embalmer No. *4202*
P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.