

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

DEC 12 1935

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **4446**)

**Kenneth Pl**

File No. **37581**

Registered No. **9552**

St. .... Ward)

**2. FULL NAME**

**Corine Carr**

(a) Residence, No. **4446** **Kenneth Pl** **10** Ward. **7**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Carr**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9<sup>th</sup> 1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>37</b>	<b>4</b>	<b>5</b>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

13. NAME **Patrick Killenblen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pittsburgh Pa**

15. MAIDEN NAME **Margaret Cochran**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **William Carr 4446 Kenneth Pl**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cahway** DATE **Nov 16 1935**

19. UNDERTAKER (ADDRESS) **Larrigan & Sherburne 4445 Washington Blvd**

20. FILED **NOV 15 1935** **JT Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 13 1935**

22. I HEREBY CERTIFY, That I attended deceased from **June 20<sup>th</sup> 1935** to **Nov 13<sup>th</sup> 1935**. Last saw him alive on **Nov 9<sup>th</sup> 1935**. Death is said to have occurred on the date stated above, at **5 P. M.**

The principal cause of death and related causes of importance were as follows:

**Chronic Endocarditis**  
**General Septicemia**  
**(Non-hemolytic Staph. cocci)**

Date of onset **May 1935**

Other contributory causes of importance:

**92%**

Name of operation

What test confirmed diagnosis? **Clinical findings** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

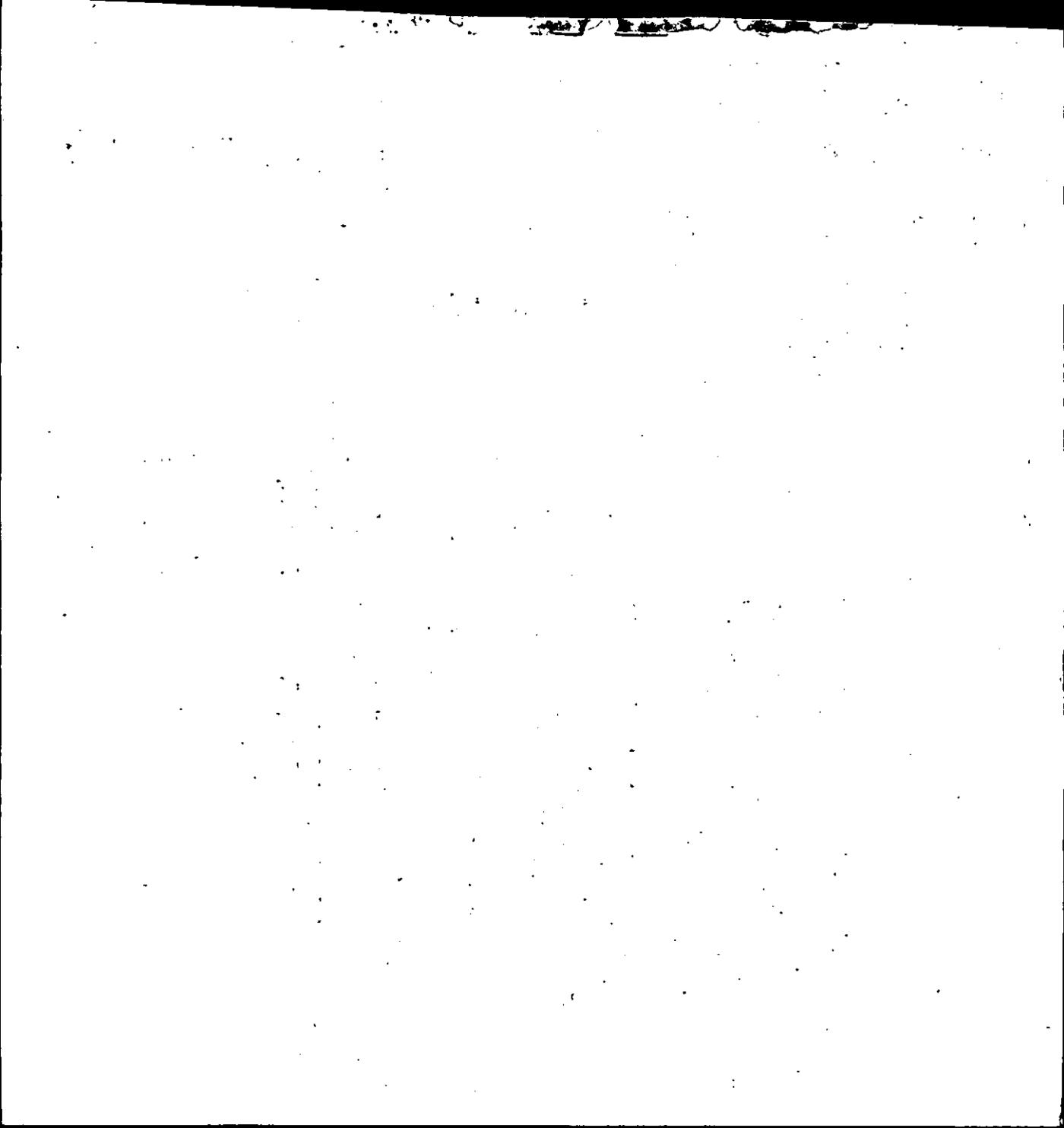
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

(Signed) **Thomas Clayton**, M. D.

(Address) **2243 N Grand**



**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
**FOR MUST BE WRITTEN ON**  
 THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St Louis (No. ...., St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4446 Kenneth B Ward .....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
37 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 12-16-35 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Chronic endocarditis  
General Septicemia  
Streptococcus (non-traumatic) hemolytic  
1931

Other contributory causes of importance:

generalized septicemia caused by endocarditis & nonpurulent

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Thomas Lawton, M. D.

(Address) 2743 N. Grand

**SUPPLEMENT**

S-37581