

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH 1003

 875  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. 875  
 (c) City St. Louis, Missouri (d) Street No. 10 City Sanitarium St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Henry Carp
 (a) Residence, No. 2915 N. Spring St. 10  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 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 Enza Carp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 8 9

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Operator  
 9. Industry or business in which work was done, as saw mill, bank, etc. Office Bldg  
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation.....

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

 FATHER 13. NAME Meyer Carp  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Roumania

 MOTHER 15. MAIDEN NAME Sarah Carr  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Roumania
17. INFORMANT John B. Varner, M.D.
 (ADDRESS) 5400 Arsenal St  
 18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM. DATE 1-28 1939

 19. FUNERAL DIRECTOR (NAME) C. HOFFMEISTER U. T. CO  
 (ADDRESS) 7814 S. BROADWAY
20. FILED JAN 28 1939
 Local Registrar J. B. Prebeck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from 1-28-38, 19, to 1-25-39, 19.

 I last saw him alive on 1-25-39, 19. Death is said to have occurred on the date stated above, at 9:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Gen. Paresis of the Insane  
1-24-38x

Other contributory causes of importance:

Pulmonary Edema  
1-23-39

 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

 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) John B. Varner, M. D.  
 (Address) City Sanitarium

**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, .....

*Linus C. Hoffmeister*

or by .....

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

Signed.....

*Linus C. Hoffmeister*

Licensed Embalmer No. ....

*3871*

P. O. Address .....

*7814 So. Broadway*

**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, above space should be left blank.**