

REC'D FEB 14 1941  
Registration District No. 787

Primary Registration District No. 106

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution:  
Old Folks Home 711 S. Kirkwood Rd  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 711 S. Kirkwood Rd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Catherine Carrico

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27  
year 1941 hour 12; 30 P minute \_\_\_\_\_ M.

3. (b) If veteran, name war none

3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from  
January 1939 to January 27, 1941;  
that I last saw her alive on January 26, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 17 1847  
(Month) (Day) (Year)

Immediate cause of death  
Chronic myocarditis

Duration 2 yrs?

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>9</u>	<u>10</u>	hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: 93A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John C. Armstrong

13. Birthplace Unknown

14. Maiden name Margaret Jane Roberts

15. Birthplace Unknown

16. (a) Informant Mrs Henderson

(b) Address 711 S. Kirkwood Rd Kirkwood

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1/29/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis Hopp Inc.

(b) Address 131 W. Argonne Dr Kirkwood Mo

23. Signature Leid E Barnett (M. D. or other) \_\_\_\_\_

Address Kirkwood Mo Date signed 1-28-41

19. (a) JAN 28 1941 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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**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 Julius M. Meyer  
Licensed Embalmer No. 3285  
P. O. Address Kirkwood, 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, above space should be left blank.**