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4-13-40  
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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8736

Registration District No. 7911

Primary Registration District No.

Registrar's No. 2146

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17  
9

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital   
(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

3. (a) PRINT FULL NAME Lorraine Carmen

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 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 March 18th 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Typist

11. Industry or business Social Service Exchange

MOTHER FATHER {

12. Name Taylor Carmen

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

14. Maiden name Ola Priest

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

16. (a) Informant Mrs. Ola Carmen

(b) Address 3870a Arsenal St.

17. (a) Burial (b) Date thereof 3-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar  
(Specify type of place)

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 7 1941 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1000

(c) City or town St. Louis Arsenal St. 1617  
(If outside city or town limits, write "RURAL")

(d) Street No. 3870a Arsenal St. 9  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1941 hour 12:45 minute A.M.

21. I hereby certify that I attended the deceased from 3/2 to 3-7, 1941  
that I last saw her alive on 3-6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Oncho Carditis 12 hrs  
Strep to concic  
hemolytic throat

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 115V  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature W. W. [unclear] (M. D. or other) MD  
Address 4356 [unclear] Date signed 3/7/41

Dr. Robert McElwaine

#352 female

No 2800 11-1

**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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**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.**