

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5163 Palm
(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 Mary Elizabeth Carriere

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color of hair Wh 6. (a) Single, widowed, married, divorced Widowed

7. (b) Name of husband or wife Almar O. Carriere 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 1 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Drawville New York
(City, town, or county) (State or foreign country)

10. Usual occupation Art House

11. Industry or business Art House

12. Name Patrick Kelly

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mahoney

15. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lane
(b) Address 5163 Palm

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

(c) Place: burial or cremation St. Peter's Cem.

18. (a) Signature of funeral director Chas. F. Stewart
(b) Address 1225 Union Blvd
19. (a) MAR 14 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0006
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5163 Palm 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 13 year 1941 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1940, to March 13, 1941 that I last saw him alive on March 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of descending colon
Due to atminutaneous

Due to Chronic hypochondria

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Math. Crown (M. D. or other) MD
Address 5738 W. Florissant Date signed 3-13-41

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 *Bernard A. J. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union Blvd*

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.