

FILED OCT 18 1941  
791 I

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
4576 Clarence Ave.  
(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 \_\_\_\_\_ 000  
(c) City or town St. Louis. 9 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4576 Clarence Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1  
year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased various times  
during the last 5 years 19 \_\_\_\_\_  
that I last saw him alive on August 9 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart block (Stokes-Adams syndrome) Duration 5 years  
+

Due to disease of impulse conducting system  
Died to \_\_\_\_\_

Other conditions: Chronic myocarditis 10 yrs  
(Include pregnancy within 3 months of death)  
and hypertension

Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature V.A. Carriere MD (M. D. or other) \_\_\_\_\_  
Address 3024 No Grand Bl Date signed Sept 2 41

3. (a) PRINT FULL NAME Arthur H. Carriere

3. (b) If veteran, name war No. 3. (c) Social Security No. 492-05-7022

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Carriere 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: February 21 1882.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 6 10. hr. \_\_\_\_\_ min.

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

10. Usual occupation Insurance Broker.

11. Industry or business Lynton T. Block & co.

12. Name C.L. Carriere.

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

14. Maiden name Lena Müllemann.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Daisy Carriere.

(b) Address 4576 Clarence Ave.

17. (a) Burial (b) Date thereof 9-4-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Highland, Ill.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. SEP 2 1941 (b) J.P. Coedick  
(Date received local registrar) (Registrar's signature)

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

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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 John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 1723 So. Lewis Ave

**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.**