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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32491

Registrar's No. 1974

Registration District No. \_\_\_\_\_

Primary Registration District No. 107

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 7 days  
(Specify whether  
In this community 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis County Walnut  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5600 Hoddamont  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Norman Allen Carron

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 May 25 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 30 hr. min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Elain Carron

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

16. (a) Informant Large Records

(b) Address \_\_\_\_\_

17. (a) Cremation (b) Date thereof 9-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Cemetery

18. (a) Signature of funeral director M. C. ...

(b) Address St. Louis County Clayton, Mo.

19. (a) SEP 24 1941 (b) J. M. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24  
year 1941 hour 4:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-17-41 19\_\_\_\_ to 8-24-41 19\_\_\_\_

that I last saw him alive on 8-24-41 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions Duration 1 month

Due to Basilar brain lesion involving cerebellum

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

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

Major findings: Of operations 8/23

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

23. Signature F. L. Allen (M. D. or other) \_\_\_\_\_

Address St. Louis Co. Hosp. Date signed \_\_\_\_\_

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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.....

Licensed Embalmer No.....

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.**