No. 2
1-4-41
-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39917

Registration District No. JAN 24 1942 791

Primary Registration District No. 1003

Registrar's No. 9625

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Masonic Home of Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs - 9 mos (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5351 Delmar Blvd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Andrew Carey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Clara M. Smith

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

7. Birth date of deceased Nov. 5, 1859 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Ira Nelson Carey

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

MOTHER 14. Maiden name Manallie Nelson

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

16. (a) Informant Iva Hirsch

(b) Address 5351 Delmar, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 4 1941 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 2, year 1941. hour 2.40 minute P. M.

21. I hereby certify that I attended the deceased from February 24 1941 to December 2, 1941 that I last saw him alive on December 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to: Hypertension	2 yrs
Due to: Chronic Interstitial Nephritis	4 yrs.

Other conditions (Include pregnancy within 3 months of death)

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 Lolon Lamonoy (M. D. or other)

Address 7687 N. Broadway Blvd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.