

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8377**
3195

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County **1**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **Affton,** (If outside city or town limits, write "RURAL")
(d) Street No. **9607 Sterling Place** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Patrick J. Carr**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **April** day **7th**
year **1942** hour **4 p.m.** minute _____ M.
21. I hereby certify that I attended the deceased from **March 20th 1942** to **April 7th 1942**
that I last saw him alive on **April 7th 1942**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Esther Carr** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **February 26, 1872**
(Month) (Day) (Year)

Immediate cause of death **Heart failure** Duration **1 wk.**
Due to **Carcinoma of Stomach** **5 mos.**
Due to **H/O**
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **70** Months **1** Days **12** If less than one day _____ hr. _____ min.

Major findings: **Carcinoma of Stomach** Underline the cause to which death is attributed
Of operations _____
Of autopsy **Carcinoma of Stomach** (State or foreign country)
PHYSICIAN

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

10. Usual occupation **Plasterer**

11. Industry or business _____
12. Name **Michael Carr**
13. Birthplace **Ireland** (State or foreign country)
14. Maiden name **Mary Coan**
15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Esther Carr**

(b) Address **9607 Sterling Place, Affton**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-10-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Southern Funeral Home**

18. (a) Signature of funeral director _____ (b) Address **6322 S. Grand Blvd.,**

19. (a) **APR 9 1942** (Date received local registrar) (b) **J. F. Brudeck** (Registrar's signature)

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 **Robert L. Dwyer M.D.** (M. D. or other) **M.D.**
Address **3548 So Grand** Date signed **Apr 8/42**

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. J. J. J.
3548 S. Grand

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..... *Vinyl L. Bergman*.....

Licensed Embalmer No. *4018*

P. O. Address *St. Louis Mo.*

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.