. No. 2
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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. 19439

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5717

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

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: 3934a Sullivan 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 Mo (b) County 008 19 210

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

(d) Street No. 3934a Sullivan (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Oscar Carmack

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Edith Beway

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

7. Birth date of deceased 3-5-1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

10. Usual occupation Master Mechanic

11. Industry or business Monsanto Chem Co

FATHER
12. Name Wm Carmack
13. Birthplace Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cannon
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Carmack

(b) Address 3934a Sullivan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 N. Euclid

19. (a) FEB 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 11 minute 15a M.

21. I hereby certify that I attended the deceased from Mar 21st 1942 to July 2nd 1942 that I last saw him alive on July 2nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Bladder Primary	
Nephritis Chronic	
Due to Chronic Myocarditis	
Due to	
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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury 0

23. Signature Henry J. Thyne (M. D. or other) M D

Address 508 N. Grand Blvd Date signed 7/3/42

(Licensed Embalmer's Statement on Reverse Side)

LR-Thym
5th-Met Bldg

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 Albert Mayfield

Licensed Embalmer No. 3077

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.