

FILED JUL 28 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 6199

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: St. Anthonys  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULLNAME Hannah T. Carlock

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female / race white

5. Color or \_\_\_\_\_

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

6. (b) Name of husband or wife Arvel B. Carlock

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 2, 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 3 19 hr. min.

9. Birthplace Colon / Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER {

12. Name Andrew Murren

13. Birthplace Not known 4 Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9 Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Arvel B. Carlock

(b) Address 9423 Sterling

17. (a) burial (b) Date thereof 7/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [Signature]

(b) Address 17027 Gravois

19. (a) JUL 22 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Affton  
(If outside city or town limits, write "RURAL")

(d) Street No. 9423 Sterling  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1942 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 2  
1942 to July 21, 1942  
that I last saw her alive on July 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung right  
metast. third chest cavity.

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

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

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

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

Of operations \_\_\_\_\_

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

Duration \_\_\_\_\_

4 years

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature Walter [Signature] (M. D. or other) MD

Address 9915 Gravois Date signed 7/21/42

**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.....

*C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Gravois*

**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.**