

FILED JAN - 5 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10698**

P68

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
City Hospital. 0
(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..... **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3624 Keokuk Street**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **William J. Carr**

3. (b) If veteran, name war..... 3. (c) Social Security No. **490-03-7022**

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..... **January 29th, 1877.**
(Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **20** If less than one day hr. min.

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

10. Usual occupation..... **Warehouse Man.**

11. Industry or business.....

MOTHER FATHER } 12. Name..... **John Carr**
13. Birthplace..... **Saint Louis, Missouri. 0**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Augusta Blumenberg**
15. Birthplace..... **Saint Louis, Missouri. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John M. Chouquette,**
(b) Address..... **3624 Keokuk Street.**

17. (a) **Burial** (b) Date thereof..... **Dec. 24, 1942.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Matthews Cemetery.**
18. (a) Signature of funeral director..... **Ziegenhein Bros.**
(b) Address..... **6400 Gravois Ave.**

19. (a) **DEC 22 1942** (b) **J. F. Breuch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19th,**
year **1942.** hour **6** minute **45P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Fracture of skull with a subdural hemorrhage, suffocating when deceased fell down a flight of steps striking the concrete paved walk in the rear of 3016 1/2 Lafayette Ave. Dec 19, 1942 about 11:45 PM**
Duration.....
Other conditions..... **6:45 PM**
(Include pregnancy within 5 months of death)

Major findings: Of operations..... **1870**
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)..... **Accident**
(b) Date of occurrence..... **Dec 19, 1942**
(c) Where did injury occur?..... **St Louis MO**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work?..... **no** (e) Means of injury..... **fall.**
23. Signature..... **Alfred Perry** M. D. or other)
Address..... **Deputy Coroner** Date signed **12/22/42**

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 Juddie A. Jegenheim
Licensed Embalmer No. 2270
P. O. Address 6409 Morris

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.