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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

FILED MAR 25 1943

State File No. 8157

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2488

1. PLACE OF DEATH:

(a) County

(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. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000
12
9

(a) State MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4472 EASTON AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME May Ann Carr

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife CLARENCE CARR

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

7. Birth date of deceased AUG - 26 - 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	14	hr. min.

9. Birthplace STANTON ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOME

FATHER
12. Name HENRY VOLTZ
13. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JANE REEDAN
15. Birthplace ILL 1
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Coplen
(b) Address 4472 Easton ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-16-43
(Month) (Day) (Year)
(c) Place: burial or cremation LAUREL HILL

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.

19. (a) MAR 1 - 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12, year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from March 11, 1943 to March 12, 1943 that I last saw her alive on March 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy refused	

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 Louis L. Neudorff M.D. (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 3/13/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clement McMurtry

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.