S. No. 2
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8159

FILED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2805

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
530 N. Union Blvd.
(If not in hospital or institution, write street number or location)

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

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 530 N. Union Blvd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Peyton Thompson Carr

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine K. Carr

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. 24 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired President

11. Industry or business Flour Miller

FATHER
12. Name Alfred Carr
13. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Angelica Yeatman
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Peyton T. Carr Jr.
(b) Address 4387 Westminister Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St.

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1943 hour 5 minute a.m.

21. I hereby certify that I attended the deceased from March 3, 1943, to March 23, 1943; that I last saw him alive on March 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	7 days
Due to: Upper resp infection	
severe laryngitis	20 days
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)
(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 Walter Dischel (M. D. or other)
Address 3720 Washington Date signed 3-23-43

844

(Licensed Embalmer's Statement on Reverse Side)

Dr Fischel

912

1018

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 Neville D. Grolwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive.

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.