

FILED APR 20 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3445**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Entrants to City Hospital  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (County St. Louis)

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

(d) Street No. 6451 Arsenal St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME BLANCHE L. CARRIER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12<sup>th</sup> year 1944 hour 10:15 minute P.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Ernest A. Carrier

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: May 28<sup>th</sup> 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 10 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Chronic Myocarditis with fatty degeneration.

Due to: Chronic Interstitial Nephritis

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

9. Birthplace Jennings  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 1st

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

12. Name unknown illegal

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest A. Carrier

(b) Address 6451 Arsenal St.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-14-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Deatury Alabama

(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? \_\_\_\_\_

18. (a) Signature of funeral director W. J. Spawyer

(b) Address 228 So. Third St. St. Louis

19. (a) 14 1944 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

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

23. Signature Thomas F. Callan (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 6-14-44

**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 Richard W. Stover

Licensed Embalmer No. 4007

P. O. Address.....

**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.**