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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 3[illegible]

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19048

Primary Registration District No. 3069

Registrar's No. 1206

**1. PLACE OF DEATH:**

(a) County St. Louis.

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

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

(d) Length of stay: In hospital or institution 26Hours (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis. 9

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

(d) Street No. 2029 Princeton Pl. 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Elmer Elsworth Carr Carr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male ()

5. Color or race White

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

6. (b) Name of husband or wife Ellan

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

7. Birth date of deceased June 22,1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation Cement Contractor

11. Industry or business

FATHER
12. Name John Carr
13. Birthplace Unknown (City, town, or county) Pa. (State or foreign country) 1

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Nancy Hoss
(b) Address 7122 Canterbury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31,1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) JUN 1 1944 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 28
year 1944 hour 11 A.M. minute M.

21. I hereby certify that I attended the deceased from May 7, 1944, to May 28, 1944, that I last saw him alive on May 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism

Due to Hypertension
Ch. Myocarditis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

93d

Major findings:
Of operations

Of autopsy

Duration

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 J. A. Sterling (M. D. [redacted])
Address 7266 Manchester Date signed 5-30-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Sterling
7340 Flora
Va 2307 5 Prv

**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 3454 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

**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.)**

Maplewood

**If this body is not embalmed, fact should be so stated above.**