

FILED JAN 16 1945

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 8696

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
22 Southmoor Dr/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71 years (Specify whether years, months or days)

In this community 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo.

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3024 N. Grand Blvd..
(If rural, give location)

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

3. (a) PRINT FULL NAME Dr. Victor Carriere

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

7. Birth date of deceased December 17th, 1973
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business _____

12. Name Charles Carriere

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

14. Maiden name Lina J. Muehlmann

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

16. (a) Informant Mrs. Margaret Dodds

(b) Address 22 Southmoor Drive

17. (a) Burial (b) Date thereof 12-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 20 1944 (b) E. J. McManis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 18th
year 1944 hour 5:00 PM minute _____ 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 Coronary occlusion

Due to Arteriosclerotic heart disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature J. W. Manis M.D. (M. D. or other)

Address 601 Brentwood, Date signed 12/19/44

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

73
43
3

MOTHER FATHER

02/01 46 110

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 John T. Buehler
Licensed Embalmer No. 1674
P. O. Address 3323 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.