

FILED DEC 29 1945

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2938

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:  
R.R. 13 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Sarah J. Carver

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife W. H. Carver 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Jan 28 1861  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 25 If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

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

MOTHER FATHER

12. Name Tom McCall  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Marquette Hodges  
15. Birthplace Spain  
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Carver

(b) Address R.R. 1 - 555 - Clayton Mo

17. (a) Burial (b) Date thereof: Oct 24 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H. Baff Jr

(b) Address St. Louis Mo

19. (a) 12-28-45 (b) W. H. Carver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. 13  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1945 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from 6-1-45  
to 12-23, 1945

that I last saw her alive on 12/22, 1945  
and that death occurred on the date and hour stated above:

Immediate cause of death acute cardiac dilatation  
Duration 1 day

Due to Carcinoma of rectum 6 mo.

Due to 46 d

Other conditions (Include pregnancy within 9 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? \_\_\_\_\_

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

23. Signature W. H. Carver (M. D. or other) \_\_\_\_\_

Address St. Louis, Mo Date signed 12/23/45

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

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**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 Felix Lusand

Licensed Embalmer No. 3034

P. O. Address: Kirkwood Mo

**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.**