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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

10982

State File No.

FILED MAR 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2073

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
En route to City Hospital, #1. 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2511 Florient Ave. NR 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Earl Francis Carr

3. (b) If veteran, name war no

3. (c) Social Security No. 499-01-0978

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mable

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May (Month) 22 (Day) 1909 (Year)

8. AGE: Years 36 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Elbert Carr
13. Birthplace Richland (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name May Harris
15. Birthplace Richland (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Elbert Carr
(b) Address 113 Frisco Ave. Web. Groves

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

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

19. (a) MAR 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1946 hour 6:45 minute A. 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 Thrombosis

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

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 Satanick E. Myle (M. D. or other)

Address Dy Ill Date signed 3/2/46

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3454

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.