. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

13476

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1946

Registration District No. 318 Primary Registration District No. 1003

State File No. 14576

Registrar's No. 3973

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: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mo. 24 Days (Specify whether
In this community about 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis. 76
(If outside city or town limits, write "RURAL")

(d) Street No. 2102 N.14th St., 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN CARLISLE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mattie

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

7. Birth date of deceased June (Month) 4 (Day) 1860 (Year)

8. AGE: Years 85 Months 10 Days 26 If less than one day 4 hr. 45 A/M.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Henry Carlisle /
13. Birthplace Dayton, Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name C Mille. /
15. Birthplace Dayton, Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records.
(b) Address 5800 Arsenal St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rabbi Kahn

18. (a) Signature of funeral director Ebert & Goodhart
(b) Address 2228 St Louis Ave

19. (a) MAY 1 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 4:45 A.M. minute M.

21. I hereby certify that I attended the deceased from 12-6-45
4-30-46, 19 , to , 19 ;
that I last saw him alive on 4-20- , 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Organic Brain Disease	1945 pl.
Due to Hypertensive cardio vascular disease--- duration unknown.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

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 0

23. Signature Palmer Prinsen Bowlick (M. D. or other)
Address 5800 Arsenal St. Date signed 4/30/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Maxie A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis 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.