

**FILED MAY 17 1946** STANDARD CERTIFICATE OF DEATH

State File No. **18265**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4268**

**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:  
**5726 Chippewa St**  
(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 **Harry S Carr**

3. (b) If veteran, name war **Spanish American**  
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sarah** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Dec 7, 1881**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **2** If less than one day  
hr. min.

9. Birthplace **Noble County Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Terminal Railroad**

12. Name **C S Carr**

13. Birthplace **Noble Township Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Sarah**

15. Birthplace **Nobleship OHIO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Carr**

(b) Address **5726 Chippewa St**

17. (a) **Burial** (b) Date thereof **5 13 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **2228 S. Kingshighway**

19. (a) **MAY 11 1946** (b) **J. F. Blodgett**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **000**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5726 Chippewa St**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **10**  
 year **1946** hour **6.25 AM** minute **M.**

21. I hereby certify that I attended the deceased from **5/9**, 19**46**, to **5/10**, 19**46**  
 that I last saw him alive on **5/9**, 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis (apoplexy)** **3 mo.**  
 Due to **arteriosclerosis** **3 mo**  
 Due to **Senility** **3 mo**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **82**  
 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).....  
 23. Signature **Robert D. Smith** (M. D. or other)  
 Address **5726 Chippewa St** Date signed **5-10-46**

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

MOTHER FATHER

*Mc - R. Smith*

**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 *Edwin O Mc Dermott*

Licensed Embalmer No. *3024*

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.**