

S. No. 2
4-12-45
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34994

Registration District No. **318** Primary Registration District No. **1003** State File No. **9006**
Registrar's No. **9006**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Clayton**
(If outside city or town limits, write "RURAL")
(d) Street No. **8225 Brighton Way**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LILY G. CARRAHER**
(b) If veteran, name war **none**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **19th**
year **1946** hour **12:20** minute **12P.** M.
21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

4. Sex **female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **George F. Carraher**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **May 18 1884**
(Month) (Day) (Year)

that I last saw h..... alive on..... 19.....
and that death occurred on the Date and hour stated above.

8. AGE: Years Months Days If less than one day
62 **5** **1** hr. min.

Immediate cause of death **Small bowel obstruction**
Cyclopropane Anesthesia, while
undergoing operation for Bowel
Obstruction at Missouri Baptist
Hospital, on Oct 19, 1946
about 12:12 P.M.

9. Birthplace **London** **England**
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: **12/12**

10. Usual occupation **at home**

11. Industry or business.....
12. Name **Henry W. Goodman**
13. Birthplace **unknown** **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Langston**
15. Birthplace **unknown** **England**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **George F. Carraher**
(b) Address **8225 Brighton Way, Clayton, Mo.**
17. (a) **Burial** (b) Date thereof **10/22/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery.**

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?

18. (a) Signature of funeral director **C. R. Lupton & Sons**
(b) Address **7233 Delmar Blv'd., St. Louis, Mo.**
19. (a) **OCT 21 1946** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

(Specify type of place) (b) Means of injury **3**
23. Signature **10/21/46** (M. D. or other)
Date signed **10/21/46**

(Licensed Embalmer's Statement on Reverse Side)

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

66970

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood 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.