No. 2
-1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22120

Registrar's No. 5805

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 St.Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-days (Specify whether
In this community 33 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3653 S.Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank J.Carr
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Anna Carr
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Nov.24th., 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Mass.
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Black & White Cab.Co.
MOTHER FATHER
12. Name Edward Carr
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Keough
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs.Anna Carr
(b) Address 3653 S.Grand Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-47
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUN 2 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th.,
year 1947 hour 6 minute 25 p.m.
21. I hereby certify that I attended the deceased from June 7, 1947 to June 11, 1947
that I last saw him alive on June 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarct — Duration about 8 days
Due to: Myocarditis Chronic — ?
Due to: Arteriosclerosis — ?
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 Robert G. Warner (M. D. or other) M.D.
Address Paul Brown Bldg. Date signed June 12-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Paul Brown Bldg.

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. W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.