6. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32389

Registrar's No. 9226

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:
Firmin Desloge Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1126 Goodfellow Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James E. Carey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 26 (Day) 1864 (Year)

8. AGE: Years 83 Months 1 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Clerk, Drug Store

11. Industry or business

FATHER
12. Name Anthony Carey
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johana Dunn
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant MRS. Teresa Carey
(b) Address 1126 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) OCT - 5 1947 (Date received local registrar) (b) G. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1947 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 5, 1947, 19, to Oct 4, 1947, that I last saw him alive on Oct 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Senility - Cardiac Failure — Duration

Due to Fracture of hip — 1 mo.

Due to Prostatic hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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) Accident

(b) Date of injury September 5, 1947

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Alvin C. Schopp (M. D. or other)

Address 1001 Missouri Theatre Bldg. Date signed 10/4/47

(Licensed Embalmer's Statement on Reverse Side) Alvin C. Schopp

Dr. Alvin C. Schopp
Missouri Theatre 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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

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.