. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39508 10634

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 11

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days (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. 4223 W No. Market (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lawrence Carr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 14 (Day) 1929 (Year)
8. AGE: Years 18 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Wm. Carr
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ethel King
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Wm Carr
(b) Address 4223 Mercarket St
17. (a) Removed (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bateville Mis
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Goodpal
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1947 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Oct. 7, 1947, to Nov. 13, 1947 that I last saw him alive on Nov. 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphatic Leukemia, acute	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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 Oscar L. Daniels (M. D. or other)
Address 2601 N Collins Date signed 11/17/47

Jefferson City Printing Co.
(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 Arthur L. Heilliard

Licensed Embalmer No. 4291

P. O. Address 1154 Bayard av

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.