S. No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33993

FILED NOV 6 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9298

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(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 Mary Carnahan

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. ~~[illegible]~~ St. Louis State Hosp. (If rural, give location)
(e) Citizen of foreign country? 13 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Carnahan
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Fem
5. Color or race White
6. (a) ~~Single~~, widowed, married, divorced Married
6. (b) Name of husband or wife Arnold Carnahan
6. (c) Age of husband or wife if alive Aft. 1894 (Year)
7. Birth date of deceased (Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
Aft	54			hr. min.

9. Birthplace Unk (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation Unk
11. Industry or business Unk
FATHER
12. Name Unk Yamnitz
13. Birthplace Unk (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country) 9
16. (a) Informant Thos. F. Cullanell
(b) Address 300 Dock
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 27 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16 year 1948 hour 10 30 M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death 1, Odema of Brain 2, Fracture of Right Wrist, When deceased was pushed by Another Patient
Due to Ida Haggeman and she
Due Slipped & fell to the floor in Bath-Room on Ward 4-E, at St. Louis State Hosp.
Other conditions (Include pregnancy within 3 months of death) on Oct. 12, 1948 at about 8 A.M.
Major findings:
Of operations Accident
Of autopsy 1945

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) Accident
(b) Date of occurrence Oct. 16 1948 000
(c) Where did injury occur? St. Louis Mo (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 [illegible] (M. D. or other) 53
Address Dep. Coroner Date signed 10/22/48

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

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

DEC 18 1953

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, 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: