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FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 31656

318

7824

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>	c. LENGTH OF STAY (In this place) <u>23</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - FREEBURG TWN. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LUKE'S</u>		d. STREET ADDRESS (If rural, give location) <u>R#1 FREEBURG</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MACK</u> b. (Middle) <u>E</u> c. (Last) <u>CARR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 8, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 12, 1895</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MOUNT VERNON ILLINOIS</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W. A. CARR</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA McDONALD</u>	14. NAME OF HUSBAND OR WIFE <u>EVELYN DECKARD</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John F. Remmer</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma Kidney</u>		ADDRESS <u>Freeburg Ill</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma Kidney</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Cancer</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>520</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>180X</u>

22. I hereby certify that I attended the deceased from Jan 1 1949, to Sept 8, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 22 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Homan MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>4903 Delmarway</u>	23c. DATE SIGNED <u>Sept 8 1949</u>
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>9-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RICHARDSON HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Mount Vernon Ill</u>

DATE REC'D BY LOCAL REG. <u>SEP 9 1949</u>	REGISTRAR'S SIGNATURE <u>J. S. Homan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Remmer</u>	ADDRESS <u>Belleville Ill</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

JUL 19 1951

OCT 1 5 1949

**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 \_\_\_\_\_

*not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Geo. Reuser*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2314*

P. O. Address *Belleisle, Ill.*

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.