

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10258
2678

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2089	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8760a Lowell Ave		d. STREET ADDRESS (If rural, give location) 8760a Lowell Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) Blackburn c. (Last) Carrico			4. DATE OF DEATH (Month) (Day) (Year) March 20th, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 20th 1885
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watchman		10b. KIND OF BUSINESS OR INDUSTRY ST.L. Trng School	11. BIRTHPLACE (State or foreign country) Florissant Mo.
12. CITIZEN OF WHAT COUNTRY? 0			
13a. FATHER'S NAME Walter Scott Carrico		13b. MOTHER'S MAIDEN NAME Amanda Dorn	14. NAME OF HUSBAND OR WIFE Georgia Carrico
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Carrico, 8760a Lowell
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES heart disease	
Morbid 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) H-250	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-19, 1949 , to 3-19, 1950 , that I last saw the deceased alive on 3-10, 1950 , and that death occurred at 3-9 am. , from the causes and on the date stated above.			
23a. SIGNATURE Haccen (Degree or title)		23b. ADDRESS HARRY A. KLEIN, M.D. 5074 N. Union Blvd. St. Louis 15, Mo	23c. DATE SIGNED 3-21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/22/50	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. MAR 21 1950	REGISTRAR'S SIGNATURE J.B. Sarsater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich & Horne 8319 Halladay	

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Blair R. Caldwell

Licensed Embalmer No. 4097

P. O. Address.....

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.