

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43826

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3126

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES
d. STREET ADDRESS (If rural, give location) 205 W PACIFIC 4597

3. NAME OF DECEASED
(Type or Print) a. (First) JAMES NELSON b. (Middle) CARR c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) 12 26 50

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1

8. DATE OF BIRTH OCT-5-1897

9. AGE (In years last birthday) 53

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 5 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY ELEVATOR

11. BIRTHPLACE (State or foreign country) DENNISON TEXAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS M. CARR

13b. MOTHER'S MAIDEN NAME MARTHA BUCKLEY

14. NAME OF HUSBAND OR WIFE DOROTHY CARR

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. 492-01-1528

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Myrtle Johnson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 002 X

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24-, 1950, to 12-26, 1950, that I last saw the deceased alive on 12-26-, 1950, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. M. White (Degree or title) M.D.

23b. ADDRESS 601 S. Brentwood Clayton, Mo.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE DEC-27-1950

24c. NAME OF CEMETERY OR CREMATORY RESTLAND

24d. LOCATION (City, town, or county) (State) DALLAS TEXAS

DATE REC'D BY LOCAL REG. 12/26/50

REGISTRAR'S SIGNATURE Herbert R. Gombke

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Parker - Aldrich Fern Home Graves

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

4000

1 JAN 25 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald J. Yahrke

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

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.