

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13886  
State File No. 3566

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2039</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6046 Odell</b>				d. STREET ADDRESS (If rural, give location) <b>6046 Odell</b>					
3. NAME OF DECEASED (Type or Print) <b>Elvira Carrico</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>April 16, 1951</b>		(Month)		(Day)		(Year)			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Sept. 30, 1872</b>			
9. AGE (in years last birthday) <b>78</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Bellflower, Mo.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Albert Messinger</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Goad</b>		14. NAME OF HUSBAND OR WIFE <b>Marion</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Everett DeGarmo</b> ADDRESS <b>6046 Odell Ave.</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b> ANTECEDENT CAUSES <b>Perniciosis Anemia</b> DUE TO (b) <b>Perniciosis Anemia</b> DUE TO (c) <b>Perniciosis Anemia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>2-5 yrs.</b> <b>2-3 yrs.</b>	
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)					
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? <b>H2O. 2</b>					
22. I hereby certify that I attended the deceased from <b>Feb 8, 1951</b> , to <b>April 16, 1951</b> , that I last saw the deceased alive on <b>April 9, 1951</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Alfred M. Langewach M.D.</b> (Degree or title)				23b. ADDRESS <b>6200 Hoffman Ave</b>		23c. DATE SIGNED <b>April 16, 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-16-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Warrenton, Mo.</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>APR 16 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>				

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

MAY 4 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *James Bentley*

Licensed Embalmer No. \_\_\_\_\_

7653

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.