

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21172  
State File No. 4753

FILED JUL 6 - 1951

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 St. Louis	
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 Ladue 4421	
d. HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) #8 Fielding Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Payton b. (Middle) Thompson c. (Last) Carr Jr.			4. DATE OF DEATH (Month) (Day) (Year) May 20, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7, 1899	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months Days	11. UNDER 14 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Broker		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Payton T. Carr Sr.		13b. MOTHER'S MAIDEN NAME Lamira J. Kehlror		14. NAME OF HUSBAND OR WIFE Lucile C. 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. 498-05-7305		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucile C. Carr, #8 Fielding Rd.	

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 adenomatosis?  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Autopsy report not completed  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 mths 2	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		
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? 525 X		

22. I hereby certify that I attended the deceased from 5-1, 1951, to 5-20, 1951, that I last saw the deceased alive on 5-19, 1951, and that death occurred at 5:25a m., from the causes and on the date stated above.

22a. SIGNATURE A. K. Triskel md.		22b. ADDRESS 3604 Washington		22c. DATE SIGNED 5-21-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-22-51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. MAY 21 1951		REGISTRAR'S SIGNATURE J. B. Fasata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary, 4911 Washington Blvd	
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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 *G. W. Wilkinson*

Licensed Embalmer No. *3575*

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.