

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30343

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>590</u>	Registrar's No. <u>2134</u>
1. PLACE OF DEATH a. COUNTY SAINT LOUIS:		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) LADUE		c. CITY (If outside corporate limits, write RURAL and give township) LADUE <u>4431</u>		
c. LENGTH OF STAY (in this place) 6 MO.		d. STREET ADDRESS (If rural, give location) IO 270 KINSELLA LANE		
d. FULL NAME OF HOSPITAL OR INSTITUTION IO270 KINSELLA LANE		e. FULL NAME OF HOSPITAL OR INSTITUTION IO 270 KINSELLA LANE		
3. NAME OF DECEASED (Type or Print) a. (First) CARL		b. (Middle) ARTHUR		c. (Last) CARLSON
4. DATE OF DEATH (Month) (Day) (Year) AUG 10 1952.		5. SEX <u>0</u> 6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT 27 1895		9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Mng. Oil Well		10b. KIND OF BUSINESS OR INDUSTRY Pumping Equip't		11. BIRTHPLACE (City and State or Foreign Country) / 12. CITIZEN OF WHAT COUNTRY? Riverside, California, U.S.A.
13a. FATHER'S NAME ERNEST CARLSON		13b. MOTHER'S MAIDEN NAME IDA UNK		14. NAME OF HUSBAND OR WIFE JEANNE ALLEN CARLSON
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. 490-10-8202		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JEANNE A. CARLSON IO270 KINSELLA
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. 4.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis -- On date of death ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had Coronary infarction due to Coronary thrombosis on 7-26-47. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		
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?
22. I hereby certify that I attended the deceased from <u>7-26-</u> , 19 <u>47</u> , to <u>8-10-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-16-</u> , 19 <u>52</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. B. Webster M.D.		23b. ADDRESS 19 E. Lockwood, Webster Groves 19, Mo.		23c. DATE SIGNED 8-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 12/52		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS. 7233 Delmar BV.		

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

4001

1888 9 872

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 Melvin L. Kemper

Licensed Embalmer No. 4052

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.