

STANDARD CERTIFICATE OF DEATH

State File No. **32817**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8704**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| 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 | |
| c. LENGTH OF STAY (in this place) 30 yrs. | | d. STREET ADDRESS (If rural, give location) 3900 N. Belle | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital // 332 West End Hotel | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Polly b. (Middle) c. (Last) Carr | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1952 | |
| 5. SEX 3 Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | 8. DATE OF BIRTH 8/20/1885 |
| 9. AGE (In years last birthday) 67 | | 10. MONTHS 0 | 11. DAYS 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | | 10b. KIND OF BUSINESS OR INDUSTRY Private Family | 11. BIRTHPLACE (State or foreign country) Fayetteville, Texas |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | | |
| 13a. FATHER'S NAME Daniel Stevenson | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Robert 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. none | 17. INFORMANT'S SIGNATURE OR NAME John Carr, 4256 Fairfax |
| 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) Interstitial Nephritis 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 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 592X | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:59 m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Patrick J. Carson, Carover | | 23b. ADDRESS 301 Clark | 23c. DATE SIGNED 9/17/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4 | 24b. DATE 9/19/52 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 17 1952 J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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18

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 *Thomas J. Gales*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

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.