

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8971	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Crystal City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 201 Broadway 0501			
3. NAME OF DECEASED (Type or Print) a. (First) Nary b. (Middle) Louis c. (Last) Carrow.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH May 3, 1882		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Glassworker		10b. KIND OF BUSINESS OR INDUSTRY Glass Factory		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mike Carrow		13b. MOTHER'S MAIDEN NAME Emily Aubuchon		14. NAME OF HUSBAND OR WIFE Anna			
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. 489-03-4933		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isaac Carrow, Festus, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postoperative shock ANTECEDENT CAUSES DUE TO (b) Biliary embolism DUE TO (c) common duct stone 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 days 2 7 months	
19a. DATE OF OPERATION 9/11/53		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? 584x			
22. I hereby certify that I attended the deceased from 9-5 , 19 53 , to 9-15 , 19 53 , that I last saw the deceased alive on 9-15 , 19 53 , and that death occurred at 5:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Arthur K. Inselp, MD				23b. ADDRESS 18 So. Humphreys		23c. DATE SIGNED 9-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-16-53	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Festus, Mo.		
DATE REC'D BY LOCAL REG. SEP 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Festus, Mo.			

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.....
Signature of Student Embalmer

Signed.....
Ernest J. Larmer

Licensed Embalmer No. 4788

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.