

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25710

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 590 Registrar's No. 1724

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood 17, Mo.</u>		c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		c. CITY OR TOWN <u>Brentwood, Mo.</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8609 Joseph Brentwood, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>8609 Joseph</u>					
3. NAME OF DECEASED a. (First) <u>Grace</u>			b. (Middle) <u>Carr</u>		c. (Last) <u>Carr</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1954</u>									
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 1, 1895</u>			
9. AGE (In years last birthday) <u>59</u>		If UNDER 1 YEAR Months <u>6</u> Days <u>13</u>		If UNDER 24 HRS. Hours <u>13</u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Ervin</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Steward</u>			14. NAME OF HUSBAND OR WIFE <u>Edward Carr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Carr</u>				ADDRESS <u>8609 Joseph Brentwood</u>	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>7/5/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Colon</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>153 X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>7/11</u> , 19 <u>54</u> , to <u>7/14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/13</u> , 19 <u>54</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John D. Lakes M.D.</u>				23b. ADDRESS <u>#2 N. Euclid</u>		23c. DATE SIGNED <u>7/7/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7/7/54</u>		REGISTRAR'S SIGNATURE <u>Herbert E. Amberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boop Inc.</u>				ADDRESS <u>Kirkwood, Mo.</u>	

(Licensed Embalmer's Emplacement on Reverse Side)

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 *Bill C. Branson*.....

Licensed Embalmer No. *47*.....

P. O. Address *St. Jo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.