

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2408

318

1003

Registrar's No. 1027

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____																			
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Mo.</u> c. CITY OR TOWN <u>St. Louis</u>				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>2092</u> 4412 No. 20th St.		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4412 No. 20th St.</u>																	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>			a. (First) <u>W.</u>			b. (Middle) <u>W.</u>			c. (Last) <u>CARVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 1955</u>													
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Oct. 19, 1878</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Man-Mo. Pac. R.R. Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R. Co.</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, Mo. D</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>													
13a. FATHER'S NAME <u>John Carver</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Late Viola Carver</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>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Doyle Carver</u>				ADDRESS <u>4223 Bates St.</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.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)												<u>Coronary occlusion</u>												<u>2 1/2 hrs</u>	
ANTECEDENT CAUSES												<u>Cardiac decompensation</u>												<u>2 weeks</u>	
MORIBUND 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				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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>4201</u>																	
22. I hereby certify that I attended the deceased from <u>2 Jan 1955</u> , to <u>Jan 31, 1955</u> , that I last saw the deceased alive on <u>Jan 31, 1955</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.																									
23a. SIGNATURE <u>E S King</u>								(Degree or title) <u>MO</u>				23b. ADDRESS <u>2114 E Grand</u>				23c. DATE SIGNED <u>3 Jan 55</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>				24b. DATE <u>Feb. 5, 1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u>													
DATE REC'D BY LOCAL REG. <u>FEB 3 1955</u>				REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>				ADDRESS <u>4228 S. Kingshighway Bl.</u>													

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

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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 *William B White*.....

Licensed Embalmer No. *429*.....

P. O. Address *4238 do King*.....

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.