

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6271**
Registrar's No. **1389**

FILED FEB 17 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

No. 300
10.48

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6271		Registrar's No. 1389	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ...a. STATE MO b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		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 209 N. Hanstead				e. STREET ADDRESS (If rural, give location) 19-509 N. Hanstead					
3. NAME OF DECEASED (Type or Print) a. (First) Hambert		b. (Middle)		c. (Last) Carano		4. DATE OF DEATH (Month) (Day) (Year) 1 9 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 1881		9. AGE (In years, months, days) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? Unknown			
13a. FATHER'S NAME None		13b. MOTHER'S MAIDEN NAME None		14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) None		16. SOCIAL SECURITY None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. C. Van Dyke 900 West					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun - shot wound of head						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Long 2 ruptured ribs during							
		DUE TO (c) at 509 N. Hanstead							
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Jan. 9, 1956							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Fracture of skull						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Acc. D.S.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Specify) 1 9 56 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ficelle by shooting					
22. I hereby certify that I attended the deceased from 10 to 19 , that I last saw the deceased alive on 19 and that death occurred at 5:30 PM from the causes and on the date stated above.									
23a. SIGNATURE James M. Keen				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 1-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-29-56		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. FEB 8 1956		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE MS Rowland		ADDRESS 4104 Manchester			

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

FEB 28 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**