

Health,
& Welfare
Public
Service

FILED DEC 10 1957

STANDARD CERTIFICATE OF DEATH

41831

STATE FILE NUMBER
11498

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5550 Cates Avenue		Length of stay in lb 1 year		STREET ADDRESS (If outside, give location) 5550 Cates Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JOHN M. CARNIE, SR.			First	Middle	Last	4. DATE OF DEATH Month November Day 30 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 19, 1894		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Appliance Repairman		10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George Smith Carnie				14. MOTHER'S MAIDEN NAME Pamela Agnes Matthews				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW - I		16. SOCIAL SECURITY NO. 492-01-2086		17. INFORMANT Address John M. Carnie, Jr. 5705 Cabanne Avenue				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) R. cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH —	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Prob. hypertensive disease		DUE TO (c) Chronic bronchitis (bronchiectasis)		INTERVAL BETWEEN ONSET AND DEATH 20 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 1953 to Nov. 30 57 and last saw ^{him} her alive on Nov 27 57 Death occurred at 6:30 ± 1 hr. Am on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS 5427 Delmar			22c. DATE SIGNED 11-30-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/3/57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery, J. B.		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri			
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons 7233 Delmar Blvd.			25. DATE RECD. BY LOCAL REG. DEC 2 57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr. Robert Bassett
5427 Delmar Blvd.
Until 12 Noon Sat.
4070392

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis, Mo.*

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.