

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014786

STATE FILE NUMBER

2 3767

FILED MAY 6 1959

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

health, Welfare public service
300
1-56
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57
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes unless the cause is clearly stated on the certificate. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes unless the cause is clearly stated on the certificate.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS 6111 Pershing	
3. NAME OF DECEASED (Type or print) John William Carnegy.		4. DATE OF DEATH April 15, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 30, 1883 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Kennard Carpet	
11. BIRTHPLACE (City and state or country) Canton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Barney King Carnegy		14. MOTHER'S MAIDEN NAME Sally Asbury	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO.	
17. INFORMANT Barney C. Eagon 6111 Pershing		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 163x DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 4 months
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			
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 Dec 30 1958 to April 15 59 and last saw him alive on April 15 59. Death occurred at 6:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Samuel B Grant M.D.		22b. ADDRESS 114 1/2 Taylor Ave	
22c. DATE SIGNED 4-16-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/18/59n	
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) St. Louis Missouri.	
24. FUNERAL DIRECTOR C.R. Lupton & Sons. 7233 Delmar Blvd		25. DATE RECD. BY LOCAL REG. APR 16 '59	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1958

after 1:00 p.m.

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. *38*

P. O. Address *St. Louis*

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.