

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015836

AMENDED Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1103 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED APR 24 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in 1b 1 mos.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 459 Wilcox Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Kirkwood 22, Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 459 Wilcox Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
MARTIN W. CAREY
 4. DATE OF DEATH Month Day Year
April 18, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8-16-1876 9. AGE (last birthday) 84 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner
 10b. KIND OF BUSINESS OR INDUSTRY D'Jardine Tav. 11. BIRTHPLACE (City and state or country) Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Michael Patrick Carey 13b. MOTHER'S MAIDEN NAME Mary Fitzgerald 14. NAME OF HUSBAND OR WIFE Lucia Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 17. INFORMANT 459 Wilcox, Kirkwood 22, Mo
Lucile Funderburk

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Aortic Aneurysm
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 4-14-61 to 4-18-61 and last saw him alive on 4-14-61
 Death occurred at 10¹⁵ P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Miller MD 22b. ADDRESS 135 W. Adams, Kirkwood 22c. DATE SIGNED 4-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-21-1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem. 23d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Pfizinger Mort-Kirkwood 22, Mo. 25. DATE RECD. BY LOCAL REG. 4-20-61 26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

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 Herbert J. Lou Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 22, W. Va.

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.