

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

42624

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 701

Township \_\_\_\_\_

Primary Registration District No. 1002

City St. Louis

(No. 5700 So. Kings Highway) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 11870

**2. FULL NAME**

Kenneth Carmack

(a) Residence. No. 3086 Eldridge Webster Groves Mo. 12 Ward.

*Webster Groves Mo*

Length of residence in city or town where death occurred 2 yrs. 3 mos. 9 da. How long in U.S., if of foreign birth? 2 yrs. 3 mos. 9 da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-19-26

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>3</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work U.S. AIR  
 (b) General nature of industry, business, or establishment in which employed (or employer) 130  
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Ivy Carmack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mellie Basseman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT L. McLeod Hill  
(Address) 500 So. Kings Highway

15. FILED 1928 May 10 Starkley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-6 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-5 1928, to 12-6 1928 that I last saw him alive on 12-6 1928, and that death occurred, on the date stated above, at 12:25 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Scarlet fever - 78 days.  
Acute nephritis secondary to above  
- about 10 days.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) Myocarditis - acute - 5-7 days.  
Bronchopneumonia - secondary - 6 yrs. 9 mos. 7 da.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy  
(Signed) A. C. Edwards, M. D.

12-6 1928 (Address) 500 So. Kings Highway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill DATE OF BURIAL Dec 7 1928

20. LINDERTAKER Parker Land Co ADDRESS Webster Groves

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

