MAY 29 1929

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No. 15814
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City — (No. Florisant Mo Rt 35 St. Ward)

2. FULL NAME George W Carrico
(a) Residence. No. Florisant Mo Rt 35 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Carrico

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5 1854

7. AGE: Years 74 — Months 11 — Days 19 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Self.
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Walter Carrico
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis County
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Hiram H Carrico
(Address) 1219 Byard Ave

15. FILED April 27th 1929 — O V Schultz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 24th 1929

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1929, to April 24, 1929, that I last saw him alive on April 24, 1929, and that death occurred, on the date stated above, at 9 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
G H H
89
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms.
(Signed) C J Carrico D O, MD
4-25, 1929 (Address) 10 N So. Euclid

*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: Cold Water Cemetery — DATE OF BURIAL: 4/26 1929

20. UNDERTAKER: A Kron L & U Co — ADDRESS: 2707 N Grand Blvd

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.