

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

Do not use this space.

791  
1003

11531

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. Barnes Hospital)

File No.....  
Registered No. 2605  
St. .... Ward)

**2. FULL NAME**

Harry Carr  
(a) Residence, No. 438 N. Sarah St. 11 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith M. Carr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 18 - 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barton</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own business</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Coscoons Indiana</u>		
MOTHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Mrs. Edith M. Carr</u> (ADDRESS) <u>438 N. Sarah St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Mar 18</u> 19 <u>33</u>		
19. UNDERTAKER <u>Peter Barnes</u> (ADDRESS) <u>3021 Lafayette St</u>		
20. FILED <u>MAR 18 1933</u> <u>W. J. Starnes</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 - 13 - 1933, to 3 - 15 - 1933  
I last saw h. was alive on 3 - 15 - 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Venia  
756  
1219  
1900  
Date of onset

Other contributory causes of importance:  
Benign hypertrophy of prostate  
arteriosclerotic Heart Disease

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) E. W. Thorne, M. D.  
(Address).....  
**BARNES HOSPITAL**

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.

