JUN 2 8 1935

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

Do not use this space.

18552

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248B — Registered No. 162

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME George O. Carr

(a) Residence, No. Chaffee, Missouri St., Ward. Chaffee, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vanceburg, Kentucky

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable

17. INFORMANT (ADDRESS) W. C. Gibson, M.D. Vet. Adm. Facility Jeff. Brks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 5-3- 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister Nal Co. 7814 So. Broadway

20. FILED May 2 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1934, to May 1, 1935

I last saw him alive on May 1, 1935 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia, involving left lower lobe	Unkn.
Other contributory causes of importance: Hemiplegia, left incident to cerebral hemorrhage, Cystitis, chr. severe. Valvular Heart Disease Aortic insufficiency	Unkn.

Name of operation Date of

What test confirmed diagnosis? Physical exam. clinical manifestations and laboratory findings Was there an autopsy? No

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) W. C. Gibson, M.D. Chief Med. Officer M.D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

WHITE PERMANENT, WITH UNFADING INKNITHIS IS A PERMANENT RECORD