

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

Do not use this space.

DEC 20 1935

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 789
Primary Registration District No. 6033
(No. 3725 Braun Road)

File No. 37242
Registered No. 280
St. _____ Ward _____

2. FULL NAME John W. Carcason Sr.

(a) Residence, No. 3725 Braun Rd. 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugenie Carcason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1879
7. AGE YEARS 56 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press feeder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Van Housen Co.
10. Date deceased last worked at this occupation (month and year) about 2 1/2 yrs. ago 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME James S. Carcason

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

15. MAIDEN NAME Catherine Larkin

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

17. INFORMANT Eugenie Carcason (ADDRESS) 3725 Braun Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Bur DATE 11-23-35

19. UNDERTAKER Friedrichs & Martini (ADDRESS) 4225 So. Trigg Highway

20. FILED 11-21- 1935 N.A. Backer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935, to Nov 20, 1935

I last saw him alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 8 A. m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: Chronic angio-carditis

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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? no

If so, specify _____

(Signed) Arnold H. Wenger, M. D.

(Address) 8900 88th St. S.D.

88th St. S.D.

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.

