

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.

JAN 21 1937

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

Do not use this space.

1. PLACE OF DEATH

96
36
9

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis, Mo. (No. U.S. Marine Hospital)
Registered No. **201**
St. 10 Ward

2. FULL NAME James A. Carr
(a) Residence, No. 808 N. Lincoln St., NR Ward. West Frankfort, Ill.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 24 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 Lena Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enrollee CCC 901
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Conservation Corps.
10. Date deceased last worked at this occupation (month and year) Dec. 11, 1936 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

FATHER
13. NAME M. C. Carr

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records, U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Frankfort, Ill. DATE Jan. 5, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED St. Louis, Mo. 19 37
J. Bredech Registrar.

JAN 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1936, 19 to Jan. 5, 1937, 19
I last saw him alive on Jan. 5, 1937, 19. Death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar Dec. 23, 1936

Other contributory causes of importance:
Tonsillectomy 12-22-36
Removal of 3 tonsils
no malignancy.

Name of operation Tonsillectomy Date of 12-22-36

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: NO Accident, suicide, or homicide?..... Date of injury..... 19
Where did injury occur?..... (Specify city or town, county, and State) l
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) J. A. Grider M. D.
(Address) U.S. Marine Hospital, St. Louis, Mo.

3177
201

J. A. Grider

