

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

Do not use this space.

**JUN 12 1937**

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1008**

City .....

(No. **South City Hospital**)

File No. **18431**

Registered No. **5007**

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence, No. **6403 Myrtle Ave.**

(Usual place of abode)

**n.R.** Ward. **Wellston Mo.**

(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 *Gertrude*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 26 1884*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*72*

*52*

*8*

*19*

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) *May 15 1937*

11. Total time (years) spent in this occupation *1 year*

*Salesman*

*Baking Industry*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Keokuk Ia*

13. NAME

*Harry Carr*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa Ia*

15. MAIDEN NAME *Edith Young*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ia*

17. INFORMANT *Mrs Gertrude Carr*

(ADDRESS) *6403 Myrtle Ave.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Valhalla Cemetery* DATE *May 18 1937*

19. UNDERTAKER *Mullen Bros*

(ADDRESS) *4257 Lindell Blvd*

20. FILED **MAY 17 1937**

*J F Predeck*  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/15/1937.** . 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at **1:27 P.**

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

**Haemorrhage due to fracture of skull and cervical spine, as the result of a collision between a Ford sedan in which he was an occupant and driven by his son, Donald Carr, and a Plymouth Coach, driven by one Jay Arnoldus, at the intersection of Warne and Garfield Avenues, about 1:20 o'clock p. m., May 15th, 1937.**

Name of operation: **AGC IDENT.** Date of: **May 15th, 1937.**

What test confirmed diagnosis: **AGC IDENT.** Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **May 15, 1937**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place**

Nature of injury **Auto collision**

**Fracture of skull & Hemorrhage**

24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify

(Signed) **Alfred J. Perry** M. D.

(Address) **Deputy Coroner**

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.

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