

FEB 12 1938

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

545
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **401**
(c) City **St. Louis** (d) Street No. **500 S. Kings Highway** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. **12** How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Louise Carr
(a) Residence, No. **6470a San Bonita** St. **WR Clayton, Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **child**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **child**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-28-25**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **12** **12**
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **child**
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) **mo.**
13. NAME ~~Mary Louise~~ **Frank Carr**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **mo.**
15. MAIDEN NAME **Louise Hauser**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **mo.**

17. INFORMANT **M. E. Matthews**
(ADDRESS) **500 S Kings Highway**
18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **Jan. 13, 1938**
19. FUNERAL DIRECTOR **Chas. J. Kwon Funeral Home**
(ADDRESS) **7911 Washington Blvd.**
20. FILED **72** 1938 Local Registrar **J. B. Bredbeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-10** 19**38**
22. I HEREBY CERTIFY, That I attended deceased from **1-9** 19**38** to **1-10** 19**38**
I last saw him alive on **1-10** 19**38** Death is said to have occurred on the date stated above, at **2:30** a.m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus, Acute
Cardiac failure, no definite heart disease
Date of onset **Sept 15-38**
Other contributory causes of importance: **1-10-37**
Name of operation Date of
What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yp**
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?
Also, specify **Ralph N. Barlow**, M. D.
(Signed) **Ralph N. Barlow** (Address) **500 S. Kings Highway**

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.

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Elton R. H. Remelius
Licensed Embalmer No. 3154

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)